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29 April 2006

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**Two year deal
worth £444m
for Scotland**

**Teaching status
outcome awaited
by De Montfort**

**The Co-op Group
sets sights on
400 pharmacies**

**Avicenna in Goa
aims for stock
market flotation**



Designed for early relief of migraine



Nurofen Maximum Strength Migraine Pain 684mg Caplets have been specially designed for rapid absorption and targeted migraine relief:

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- Does not contain codeine, as required by NHS guidelines¹



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ulceration occurs, stop treatment. The elderly are at increased risk of the consequence of adverse reactions. Female fertility may be impaired by a reversible effect on ovulation. Side effects: In short-term use, at OTC doses, adverse effects are uncommon or rare. They include abdominal pain, dyspepsia and nausea. Hypersensitivity reactions are uncommon, and may include non-specific allergic reactions, anaphylaxis, respiratory tract reactivity (e.g. asthma, bronchospasm) and various skin reactions (e.g. pruritus, urticaria, angioedema). For a full list of potential adverse events, see the Summary of Product Characteristics. MRRP: £4.49 (12 caplets) Legal category: P Product licence Number: PL 00327/0143 Licence Holder: Crookes Healthcare Limited, Nottingham NG2 3AA. Date of Prescribing Information: January 2006

Information about adverse event reporting can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Medical Information, Crookes Healthcare Ltd. (0115 968 8922).

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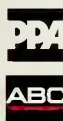
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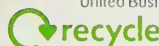
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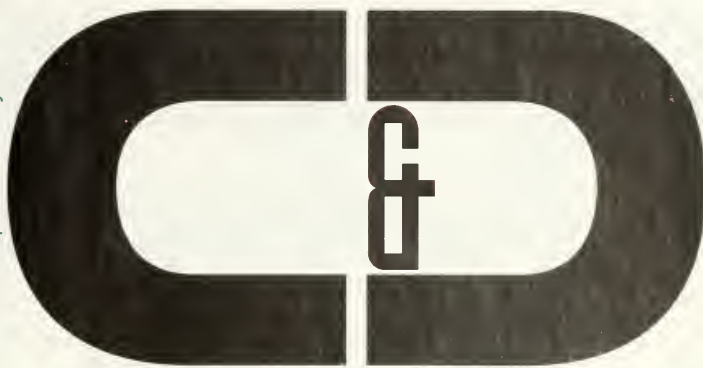


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Thisweek

Scotland's two-year £444m contract deal 4

The Scottish Pharmaceutical General Council has approved a two-year funding package to underpin the new pharmacy contract. Scottish contractors have until May 30 to approve the offer by postal ballot

DMU status hangs on RPSGB decision 5

De Montfort University will find out this week if the Royal Pharmaceutical Society is to lift the probationary status which was imposed following a marking scandal



Co-op plans more pharmacies 6

The Co-operative Group Pharmacy, which recorded a £16.1 million profit in 2005, has plans to open around 40 stores this year and aims to boost its pharmacy portfolio to more than 400, revealed Neil Braithwaite (left), Co-op Group Pharmacy's general manager

RPSGB issues intervention guidance 8

Pharmacists should consider logging incidents that are clinically significant, provide learning points, or give rise to queries, says RPSGB guidance on recording interventions

Parallels draw strength from Euro ruling 10

A judgment by the advocate general has boosted parallel importers and could pave the way for an increase in the number of imported medicines that are reboxed in the UK

Pharmacyupdate

Fishing for fat facts 19

Vanessa Sherwood looks at essential fatty acids and their health-giving properties



28

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for Pharmacy

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Regulars

Opinion 16

Xrayser 17

Medical Matters 24

Marketwatch 25

Classified 34

Back Issues 38

Features

All systems Go 14

Max Gosney reports from the Avicenna conference in India

Eating clever 28

Health conscious consumers are fuelling growth in the VMS market, reports Steve Bremer

Cold comfort in March 33

The latest business statistics from Peter Varley suggest March was a gloomy month in the high street

Scotland's two-year £444m contract deal

Scotland has revealed the proposed financial framework underpinning its new pharmacy contract.

The Scottish Pharmaceutical General Council has unanimously approved a two-year funding package that will see £216.417 million delivered to the nation's 1,168 contractors during 2006-07 and £227.930m during 2007-08. Scottish contractors have until May 30 to approve the offer in a postal ballot supported by a series of contract roadshows.

The overall funding deal is being delivered in a package comprising three main sections:

- core service funding.
- additional funding and
- additional services funding.

Core funding package

This is further broken down into five elements in year one, 2006-07, and year two, 2007-08 (bold, brackets), comprising:

- Global sum from 2005-06: £103.039m (2007-08: £141.067m)
- Consolidation of items outside the global sum: £2.321m (£0) in additional funding to cover commission for the sale of prepayment certificates, minor ailment scheme capitation allowance in the pilot areas, model schemes and stock order on-cost.
- Transfer from generic reimbursement: £30m (£0). This follows the removal in England of £300m from the reimbursement prices of generics (via category M). To achieve this transfer, from April 1, part 7 of the Scottish Drug Tariff will comprise products included in the category M pricing arrangements and some non-category M products. SPGC says it will be monitoring the

Services contractors will be expected to provide during 2006-07:

- Dispensing of prescriptions
- Minor ailment service
- Public health service
- Stock orders/flu vaccine supplies
- Model schemes
- Sale of prepayment certificates
- Additional (local) services

Scottish contract funding		
	2006-07 (£m)	2007-08 (£m)
Global sum from 2005-06	103.039	141.067
Consolidation of items outside global sum	2.321	0.0
Transfer from generic reimbursement	30.0	0.0
Additional new monies	5.707	9.821
Sub-total	141.067	150.888
Retained purchase profit	50.0	50.0
Funding for preregistration training	0.75	1.75
Infrastructure development fund	5.0	5.0
PMS consequences (out of hours)	1.5	1.53
Additional support – Martindale licences	0.0	0.35
Sub-total	198.317	209.518
Funding for additional services	15.6	15.912
Funding for the new stoma contract	1.0	1.0
N3 connection	1.5	1.5
Grand total	£216.417m	£227.93m

availability of new generic entities and their entry into part 7, and is advising contractors to recognise those products that are likely to move into category M, and be repriced.

- Additional new monies: £5.707m (£9.821m) to 'top up' the overall funding of the new contract.

Additional funding

This breaks down in year one (year two) to cover:

- Retained purchase profits: £50m (£50m).
- Funding for preregistration training: £0.75m (£1.75m).
- Infrastructure development fund: £5m (£5m). This fund is to be used, on an ongoing basis, to provide resources that benefit contractors. Although not specified at this point, the money may be used to fund training in the new services, development of pharmacists and support staff and, possibly, premises.
- PMS consequences (out of hours): £1.5m (£1.53m).
- Martindale licences: £0 (£0.35m).

Funding for additional services:

- Funding for additional services: an anticipated minimum funding of £15.6m (£15.912m) will cover payment for seven specified additional services including:

collection and delivery, out of hours, waste collection, supervised methadone consumption, needle exchange, advice to residential homes and domiciliary oxygen. Other services will be paid for outside the global sum, according to the local needs assessment.

- Funding for the stoma contract: £1m (£1m), assuming current activity is maintained.
- N3 connection £1.5m (£1.5m).

Commenting on the proposed deal, Frank Owens, SPGC chairman, said: "This is a good deal for contractors. It provides both stability and financial security at a time of significant change. It should also go a long way to restoring confidence in the future."

Noting that the postal ballot on the new contract is provisionally expected to close on May 30, and the results to be published on May 31, he called for contractors to engage in the voting process.

He said: "Contractors also need to understand the very significant dangers in rejecting the deal."

A series of national roadshows is being held to inform the voting process, although SPGC has not disclosed the level of supporting votes needed to accept the contract.

AC

More details of the new contract and the roadshows are on p12.

Your views

Contractors' first impressions of what is generally considered a "hefty document" are that the proposals are reasonable, and that it will position contractors well.

John Richardson, of Morgan Tower Pharmacy, Dundee, said: "The contract has been well planned. This is a time of great transition..."

I'm glad that I'm not in England."

Colin

Fergusson, of Colin Fergusson Pharmacy, Glasgow,

is also in favour and believes that the introduction of the minor ailments and public health schemes will address inequalities and will promote community pharmacy's unique position as a public healthcare professional.

Mr Fergusson said: "The funding also looks reasonable, although it's only when you see the workload involved that you really know. The gradual introduction is a good thing, I think."

Dan Guidi, pharmacist at DP Guidi Pharmacy, Hillington, Glasgow, also believes the

proposals seem fair but has concerns that all pharmacies will receive model scheme payment, irrespective of whether or not they are participating.

Mr Guidi also has concerns about the effect of the minor ailments service on OTC income. "There are a lot of imponderables to consider," he said.



Colin Fergusson



Dan Guidi

Inbrief

England waiting

PSNC has told C&D that it had "nothing to report" on funding for the pharmacy contract in England for 2006-07. Mike Dent, PSNC's finance head, confirmed discussions with the Department of Health were ongoing, saying: "We are working on implementation of the formula agreed as part of the new contract negotiations." He did not comment on when the arrangements were likely to be finalised.

Prescribers in May

Regulations for independent prescribing should be in place by May 1, barring any problems over Parliamentary approval, with the first pharmacists qualifying to prescribe independently "later this year", according to the government. For further information visit <http://tinyurl.co.uk/3y7d>

Scottish regulation

The Royal Pharmaceutical Society in Scotland held a working group meeting last week to discuss the regulation of pharmacy technicians north of the border. RPSIS director Lyndon Braddick said the meeting supported the comments made by the RPSGB Council, adding: "We will be making our response to the DH's consultation through Council. We are still hoping that technicians in Scotland will be regulated."

BAPW date

Conservative health chief Andrew Lansley will join key pharmacy trade figures at the British Association of Pharmaceutical Wholesalers' conference this summer. The shadow secretary health will discuss UK health policy at the event, which is taking place at Hanbury Manor in Ware, Hertfordshire, on June 7.

Include epilepsy

A charity has urged pharmacists to ensure they offer medicines use reviews to patients with epilepsy.

As an *aide memoire* for MURs, the National Society for Epilepsy, with PSNC, has produced a magnetic postcard suggesting discussion points.

For more information:

www.epilepsynse.org.uk

New NPA chairman

Umesh Patel has been named National Pharmacy Association chairman for 2006-07. Mr Patel has represented the North East region on the NPA board since 1998. Supporting him as vice-chairman will be Dilip Joshi.



Quite a feat: Avicenna members received an insight into the making of the local spirit, feni, during the buying group's annual conference in Goa last weekend. The lethal local liquor is made by crushing jack fruit, which also yield cashew nuts. The juice is then collected and boiled in a large pot to form a clear spirit of undefined strength. The final ABV was thoroughly investigated by pharmacists and journalists alike during the event in India. See pages 14 and 15 for a report of the Avicenna conference

EDUCATION

DMU probationary status hangs on RPSGB decision

De Montfort University will find out this week if it has managed to lose the probationary status forced upon it by the Royal Pharmaceutical Society following a marking scandal.

The RPSGB's education committee will consider alleviating the special measures placed on DMU's School of Pharmacy at a meeting on May 5. Delegates will base their decision on a progress report that was compiled following a visit by a team of accreditors between March 27 and 29. The probationary status was issued in July 2005.

Damian Day, head of accreditation at the RPSGB, said he was confident there was no risk of DMU producing underqualified MPharm students. He added that there is no question that students will graduate unless they are inappropriately skilled.

The school was issued with a five-point remedial plan by the

Five-point action plan

- Students with raised marks monitored through a personal action until graduation.
- Rigorous implementation of external examiner procedures.
- Measures to address the concerns and low morale levels among MPharm staff.
- Checking procedures agreed with external examiners.
- More frequent communication with RPSGB as regulator.

RPSGB after marks for a number of first-year students were raised by up to 14 per cent. The RPSGB was informed of the moderated scores by DMU prior to an exposé in the *Times Higher Education Supplement* last week, which raised questions over the academic standards of the school, headed by Larry Goodyer.

Five of the students involved have since failed and left the course. The remaining candidates have each been issued with an individual action plan to provide the RPSGB with evidence that they are eligible to stay on the course.

Mr Day added that DMU was an isolated incident and was not a symptom of the behaviour of pharmacy schools.

The decision to raise the marks of failing students was made at an extraordinary subject assessment board in 2004. The meeting was not attended by external regulators, two of whom raised concerns over the practice to the vice-chancellor of DMU.

A spokesperson for DMU said: "We continue to have every confidence in the quality and robustness of the pharmacy modules and course, in the staff that teach the modules and in our students."

TH

Co-op plans to open an additional 40 pharmacies

by Max Gosney

The Co-operative Group Pharmacy has pledged to open around 40 stores this year after recording a £16.1 million profit in 2005.

The company aims to boost its pharmacy portfolio to over 400 after a 19.8 per cent rise in prescription volumes to 23 million last year, revealed Neil Braithwaite, Co-op Group Pharmacy's general manager.

"We've already acquired 15 sites in the first quarter of 2006 and hope to break through 400 by the summer. It's been a pleasing year," he said.

A strong response to legislative changes had helped improve sales by 11.1 per cent to £294m, explained the Co-op chief.

"We've embraced essential services and have settled into the new contract very well," he said.

The company's pharmacy staff were now "cracking on" with medicines use reviews (MURs) said Mr Braithwaite.



Neil Braithwaite: looking to extend concept store scheme

The Co-op would look to automation to assist pharmacists with MURs and other healthcare services in the future, confirmed Mr Braithwaite.

"Dispensing must become more efficient as the focus shifts to the delivery of services. Anything that supports pharmacists' changing role will be given serious thought," he said.

Further trials of automation technology were scheduled alongside the expansion of the Co-op's 'concept store' scheme, said Mr Braithwaite.

"We're looking to extend our concept store programme to another 12 sites and three of those will feature robots as part of a re-fit. We've seen a good increase in prescription volumes from the original concept store and are confident enough to move it to the next step."

The Co-op launched its 'customer friendly' concept site in St Budeaux, Devon, this February. The company also piloted a Robopharma automated system at its Castleford branch last year, which helped cut dispensing times by 25 per cent.

Co-op 2005 results

Sales:	£294m
Prescriptions:	23m
Operating profit:	£16.1m
Stores:	360

CAMPAIGN

MP lobbies health chief over oxygen

An MP has written to health secretary Patricia Hewitt backing calls for choice in oxygen supply.

Mark Hoban MP became involved after one of his Gosport and Fareham constituents had problems getting oxygen for his neurological and respiratory problems.

Mr Hoban said: "I find it frustrating when there's a system that's trusted and relied upon that changes and leads to my constituents having bad service."

"Customers should be able to choose the system that gives them the right supply and the right level of service."

Health minister Jane Kennedy replied that new oxygen suppliers had received a "huge volume" of advance and incomplete orders on the transfer date, which compromised deliveries.

She added that action has been taken to get the six-month transition back on track, praising pharmacists for their "tremendous support" in helping the DH maintain a service to patients.

● The NPA has called for BOC to follow the lead set by Air Products and Medigas to abandon recovering the cost of missing or lost cylinders. As *C&D* went to press, BOC was unavailable for comment. **TH**

RETAILING

Numark sets up regional advisory committees

Numark is setting up advisory committees in Northern Ireland and Scotland to help shape the organisation for members in those countries.

It also aims to ensure that its service reflects political differences and the requirements of different pharmacy contracts.

At the first meeting in Scotland, advisory group representatives, including Dan Guidi from Greater Glasgow South West, Colin Fergusson, representing Greater Glasgow North, and Ken Manson, representing Grampian, discussed experience with the minor ailments scheme, funding for the public health service and the proposed SEHD literature, and Numark's role in raising public awareness of the schemes. Staffing and GP education were also discussed.

Commenting on the new Scottish pharmacy contract, Numark managing director Simon Colebeck said: "I want to ensure that Numark reflects the diversity within the different countries we represent and communication with



From the left: Dan Guidi, Colin Fergusson and Ken Manson discuss issues such as the new Scottish contract at Numark's first Scottish Advisory Committee meeting

our members is an essential part of this. We have introduced a number of initiatives in Scotland so far, including a dedicated Scottish version of our magazine *Scripts* and the appointment of a Scottish service development coordinator to be our eyes and ears north of the border. I will be

making sure that there are more visits by central office staff to our member pharmacies and we've now set up a Scottish advisory committee to help tune in to what our members need here."

The next meeting will take place on June 20, at the Marriott hotel, Edinburgh. **AC**

SCOTLAND

Suppliers pass e-MAS test

Six pharmacy IT suppliers have systems that can support the electronic minor ailments service, the Scottish Executive said.

The IT companies that have completed e-MAS "fitness for purpose" testing are AAH (Link Evolution 9.0), Cegedim Rx (Pharmacy Manager 5.5.10), Enigma Health (Nexphase 6.4.2), Hadley Healthcare (Eclipse 3.4.4), Positive Solutions (Analyst PMR 3.33.10) and Rx Systems (Proscript 2.58).

Of the remaining suppliers, Boots and Lloydspharmacy are still testing their systems, but Ascribe (formerly Park Systems) has not started and is not expected to have e-MAS functionality. **AF**

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RPSGB issues intervention guidance

by Asha Fowells

The Royal Pharmaceutical Society has published guidance on recording interventions.

Pharmacists should consider logging incidents that are clinically significant, provide learning points, or give rise to queries, says the guidance. Regular recording is necessary when the pharmacist is being paid to provide an intervention service, or is looking to establish trends in workload or medication problems.

Records will initially be made in a book or by using template forms, though electronic methods should be used once IT software

has been developed. Good practice dictates that paper records be kept for seven years, and electronic for at least 10, though employer or local policies should be followed.

The Society suggests using intervention logs in a number of different ways:

- To aid reflective learning and promote standards.
- To analyse significant events, or to trigger a report to a national body, such as the National Patient Safety Agency or the Yellow Card scheme.
- For audit purposes.
- To provide evidence that demonstrates the value of pharmacists' professional input,

and can be used when decisions are challenged.

To ensure continuity, for example when locums are employed, all pharmacies should develop a standard operating procedure which outlines under what circumstances interventions should be recorded, what information is required and where it should be logged, advises the RPSGB.

Sid Dajani, who chairs the RPSGB practice committee, said: "Pharmacists regularly make essential interventions to improve patient health and safety. This could be through preventing errors in prescriptions or through offering public health advice, such

as assisting with smoking cessation.

"By recording these interventions, pharmacists are demonstrating the significant contribution they make to patient care, and the value they add when it comes to procedures such as dispensing and prescribing. In addition, recording interventions means the pharmacist has an accurate record available for scrutiny if decisions are challenged and that incidents are appropriately recorded as part of their organisation's clinical governance framework."

Call 020 7572 2208 or e-mail qualityimprovement@rpsgb.org for copies of the guidance.

MULTIPLES

Rowlands offers pharmacists CPD support

Rowlands is to run evening training sessions three times a year for pharmacists and dispensers to show them how to offer patients self-management support.

Around 20 workshops will take place across the UK, covering one topic at a time starting with diabetes screening. At the end of each session, attendees will be encouraged to make a CPD record. Rowlands is sending a booklet on diabetes, its complications and its drug therapy, in advance to those attending the workshops so that they can revise their basic knowledge.

Stephen Thomas, Rowlands' deputy superintendent pharmacist, said: "We want to



The first Rowlands workshop was held at John Moores University, Liverpool on April 12

provide support and develop confidence and skills in this area of the pharmacist's role.

"The sessions are more about using each other's knowledge and

experience with patients, rather than looking at the latest developments – it's about cementing the application of the basics."

JE

MULTIPLES

Numark subsidises local advertising

Numark is encouraging its members to promote their pharmacies and products in their local newspaper.

The initiative will support the virtual pharmacy chain's forthcoming national TV and press campaign, which informs consumers that Numark pharmacists are part of the local community and able to offer advice on health issues and medicines.

As well as contributing £200 when a member places an ad in their local paper, Numark will provide a template, arrange for



The national campaign will consist of a TV commercial in a similar 'wedding day' format to last year's airing on GMTV, in May and June

the ad to be set and send it to the newspaper to meet the deadline. The company will also provide point of sale and 'smiling face' window graphics linking member pharmacies to the campaign.

"We wanted to do more to help

our members raise their profile and to tie in their pharmacy to the campaign," said Andrew Sollitt, Numark's marketing director. "That way, customers would be in no doubt where they could buy products they see on the ad." JE

Inbrief

AAH meets MP

Problems with counterfeit drugs and stock shortages were on the agenda at a recent meeting between a major pharmaceutical wholesaler and an MP.

Steve Dunn, AAH Pharmaceuticals group managing director, described to Swansea East MP Sian James the measures that were been taken to minimise the chance of counterfeit medicines entering the supply chain. Mr Dunn also explained how manufacturer quota schemes were creating stock shortages, which, in turn, affected patients.

Pfizer flies

Pfizer has shrugged off competition from generic rivals to record a 'solid' start to 2006.

An aggressive response to patent expiries and cost-cutting had helped Pfizer boost net income to \$4.11 (£2.3) billion during the first quarter of the year, said Hank McKinnell, company chairman and chief executive officer.

Danish acquisition

AAH and Lloydspharmacy owner Celesio has taken a controlling stake in two wholesalers in Denmark.

The company has taken a majority share (50.6 per cent) in K V Tjellesen, the second largest wholesaling and logistics services company in Denmark, and purchased all of the share capital of pharmaceutical wholesaler Max Jenne Medicinalvarer.

The two acquisitions give Celesio national coverage across Denmark.

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Ref: * IRI Consumer retail sales data 2005 - single active ingredient brand chemist weekly treatment weeks, week 13 to week 26

Parallel importers draw strength from Euro ruling

Parallel importers have been boosted by a judgment that could pave the way for an increase in the number of imported medicines that are reboxed in the UK.

The British Association of European Pharmaceutical Distributors claims an opinion by the advocate general, issued on April 6, implied that de-branding or co-branding was not necessarily harmful to trademark owners.

The decision, which refers to cases brought by Boehringer Ingelheim and GlaxoSmithKline against Swingward (Medihealth) and Dowelhurst, will be taken into consideration by the European Court of Justice (ECJ) when it reviews the case for an unprecedented second time.

Richard Freudenberg, secretary-general of the BAEPD, said: "As we'd anticipated and hoped, this implies the burden of proof for determining damage to the trademark lies with the trademark owner."

Mr Freudenberg added that, while the opinion was not binding on the ECJ, it was a positive step towards the establishment of

definitive rules on repackaging. Ultimately, he argued, it could lead to less overstickering, avoiding original product seals being broken and therefore improving the appearance of products to end users.

The Association of the British Pharmaceutical Industry (ABPI) said it was disappointed with the attorney general's opinion, reiterating its claims that repackaging destroys the integrity of the product and potentially

compromises patient safety.

In a statement it said: "This can make it more difficult to trace a batch if a product recall is necessary, increases the likelihood of packaging error, and creates a weak link in the supply chain that could potentially be exploited to enable counterfeit products to enter the system."

A spokesperson for GlaxoSmithKline said: "We have no comment to make on the opinion and are awaiting the ruling of the Court of Justice."

If the ECJ does rule in favour of parallel importers, the BAEPD said it expects to recover "a large proportion" of the estimated £1 million it has invested in seven years of legal wrangling.

The advocate general's judgment was followed this week by a report from research organisation Datamonitor that predicts a rise in parallel trading within the EU.

Currently, parallel export of branded drugs is prohibited in eight of the 10 accession countries where there was no patent protection at the time a drug was originally filed.

TH



Richard Freudenberg: the burden of proof lies with the trademark owner



Shoppers at Sainsbury's in Kingston were offered free blood pressure tests by pharmacists from UniChem's professional services team earlier this month. The UniChem team was supporting a hypertension awareness initiative being run locally by Kingston Rotary Club and The Stroke Association. "This campaign provided an ideal opportunity for us to help raise consumer awareness. It is our hope that local campaigns like this will help to encourage people into pharmacies for more than just prescriptions," said UniChem marketing director Mark Stephenson

INDUSTRY

Ceuta launches European Alliance covering 27 markets

Ceuta has brought together a group of partners across Europe to work with it as an outsourcer of sales, marketing and distribution in 27 markets.

Ceuta European Alliance Group comprises members who work mainly in the OTC health and beauty sectors. Combined, the nine members of the Alliance will have 970 sales people, over 160 marketing personnel and access to over 190,000 pharmacies.

Peter Burrows, Ceuta's director of European development, said the benefits for manufacturers will include advice on developing future business, business modelling and training. "We have set out to create an alliance of like-minded partners across Europe to offer manufacturers a unique holistic approach and entry to all European markets," he said.

The Alliance will operate out of Ceuta's head office in Bournemouth. The eight businesses which have joined with Ceuta so far are: Omega Pharma, based in Belgium and working in 13 markets; SSL Healthcare in Austria and Switzerland; Delta Medica, based in Ukraine and working in six markets; Kelkin in Eire; Mediplus in Romania; Mark Distri in the Czech Republic; Arishop in Bulgaria; and Krotex in Poland.

Ceuta is currently in talks with others and hopes to see members in Hungary, Slovakia and Turkey sign up in the next three months, with Balkan countries following soon after. Beyond this, Ceuta's CEO and managing director Edwin Bessant is looking to establish operations in the Middle East, India, China and Japan in a year's time

CRG

CONTRACT

Government restricts retail mezzanine development

The government is to restrict the expansion of out of town retail developments in a move that will help protect the community pharmacy network.

Large retail stores will now need to apply for planning permission for any increase in retail space of 200m² or more. This measure will include mezzanine levels, which some retailers had previously built as a way of expanding floorspace without planning controls.

Last year Pharmaceutical Services Negotiating Committee and the National Pharmacy Association highlighted the issue as a threat to pharmacies. Allowing retailers to expand their footprint without permission could take them over 15,000m², making them exempt from control of entry regulations for new pharmacies, the bodies said.

Planning minister Yvette Cooper said planning authorities would be better equipped to regenerate town centres, adding: "Some out of town retailers have been using mezzanines for substantial expansions, without knowing how this impacts on town centres."

NPA pharmacy business manager Raj Nutan supported the proposals, which he said would stop abuse of the balanced package of measures for new pharmacy contracts and provide stability for existing pharmacies.

The change is just one of a package of reforms aimed at promoting town centres and increasing the effectiveness of planning systems. The changes will come into force on May 10.

AF

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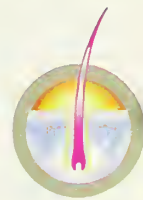
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Regaine for Women Product Information: Presentation: Regaine for Women Regular Strength-containing Minoxidil 20mg/ml (2% w/v) Uses: Treatment of alopecia androgenetica in women aged 18 to 65. Dosage: Apply twice daily to affected areas. Maximum dose 2ml in 24 hours. Contraindications: Hypersensitivity to product or excipients, hypertension, scalp abnormality, shaved scalp, if occlusive dressings on scalp or other topical medications are being used. Precautions: For external use only. Wash hands thoroughly before and after application. Avoid inhalation of spray mist and contact with eyes. Pregnancy and lactation: Should not be used during pregnancy or lactation. Side effects: Hypertrichosis (unwanted non scalp hair), local erythema, itching, dry skin/ scalp flaking, exacerbation of hair loss, rarely hypotension. RRP (ex-VAT): Regaine for Women Regular Strength-60ml £21.23. Legal category: GSL PL holder: Pfizer Consumer Healthcare, Walton Oaks, Dorking Road, Walton-on-the-Hill, Surrey, KT20 7NS PL number: PL 15513/0149 Date of preparation: 10/01/01

SPGC agrees **contract deal** for the **future**

The Scottish Pharmaceutical General Council is marketing the new pharmacy contract deal as 'future proof'.

Ailsa Colquhoun reports on the key financial details of the two-year deal

The Scottish Pharmaceutical General Council has accepted the two-year contract deal on the basis that it takes into account the many unknowns that exist at this stage relating to the implementation of the new contract.

It also believes that the deal takes into account the need to maintain guaranteed cash flow following the implementation of the generics repricing initiative in England.

Financially, the deal guarantees contractors a 5 per cent increase for 2007-08 and will cover Scottish pharmacy until the next government spending review, which is scheduled for 2008-09. It builds on three years of contract negotiations that have seen overall remuneration rise 15 per cent during the two years preceding the new contract.

Although the ultimate aim is to design a deal that allocates payment across the four core services, supported by an infrastructure payment, at this point SPGC believes that it is wiser to take a more general approach, dividing the total core services funding for 2006-07 into two 'pots': the first, comprising £111.067 million, and a second £30m pot, for transitional reimbursement payments.

The £111.067m pot will be used to fund core transitional payments, fees and allowances outside the transitional arrangements, and miscellaneous payments (stock order on cost, vaccine supply fees, payment for model schemes and commission for sale of prepayment certificates).

Payment will be calculated by taking into account contractors'

individual transitional payments (TP), which will be rebased for 2006-07, and to which a 5 per cent uplift will be applied.

The information and statistics division at National Services

Scotland has been charged with notifying contractors of their new TP. For contractors not in transition, the current fees and allowances set out in part 1 of the *Scottish Drug Tariff*

will continue unchanged.

Payment rates for all contractors for stock order on cost, vaccine supply fees and commission on the sale of prepayment certificates will continue unchanged.

In addition, for 2006-07, every contractor, except for part-time ESPs, will receive a £98 monthly payment for providing a model scheme. Included within this payment will be assessment fees for carrying out a compliance needs assessment. SPGC considers that all contractors should be taking part in at least one of the model schemes,

"The two-year deal will give stability during what will be a transition period"

Alex MacKinnon



"This will provide much-needed assurance as we seek to modernise and reposition ourselves"

Frank Owens



Contract roadshows

Date	Health board	Town	Venue
May 2	Lothian	Edinburgh	Garvock House Hotel, St Johns Drive
May 3	Lanarkshire	East Kilbride	Holiday Inn, Stewartfield Way
May 4	Tayside	Dundee	Discovery Point, Discovery Quay
May 8	Greater Glasgow	Glasgow	Ramada City Hotel, 201 Ingram St
May 9	Dumfries & Galloway	Dumfries	Dumfries Royal Infirmary
May 10	Grampian	Aberdeen	Palm Court Hotel, Seafield Rd
May 11	Highland	Inverness	Marriott Hotel, Culcabock Rd
May 14	Forth Valley	Stirling	Stirling Royal Infirmary, Livilands

although it accepts that non participation cannot be penalised. Contract negotiating team member Dr Elspeth Weir does, however, note that participation will be monitored.

She warns: "If pharmacists choose not to engage then they will not be so well positioned with patients once the acute and chronic medication services are introduced."

The £30m pot will pay for the minor ailments service (MAS: *see box 1*), the public health service (PHS: *box 2*), and fund the new infrastructure cost payment, set at £100 per month. Where contractors are not fully delivering MAS or PHS, the balance will be delivered through a transitional reimbursement payment. In total, £7.5m will be delivered each quarter.

SPGC adds that two new additional services – access to emergency hormonal contraception and smoking cessation support services – are to be added to the list of additional services, and will be supported by national benchmark and indicative tariffs.

SPGC also notes that to qualify for the additional tier 2 PHS

funding, pharmacists will have to display SEHD window materials for 26 weeks.

Alex MacKinnon, SPGC head of professional services development, said: "The two-year deal gives stability during what will be a transition period for the acute and chronic medication services.

"It also gives us time to keep an eye on workforce capability issues and time to ensure that the mechanism for guaranteeing retained purchase profits works."

SPGC chairman Frank Owens added: "We see this as providing much-needed assurance as we seek to modernise and reposition ourselves in a newly reconfigured NHS. The proposal follows more than three years, and at times, intense negotiation between the SPGC and the Scottish Executive."

As part of the deal, SEHD and the SPGC have also jointly agreed to review the objectives and details of the essential small pharmacies scheme, which will take effect from April 1, 2007. For 2006-07, ESP payments will be made in line with the basis already established. New ESPs will be paid according to revised target

Box 1: Minor ailments service cap payments

Registered patients	Annual	Monthly
1-250	£3,910	£325.83
251-500	£5,863	£488.58
501-750	£7,817	£651.42
>750	£7,817+£8.04 per head beyond 750	£651.42+.67p per head beyond 750

Box 2: Public health service

Level	Annual payments	Monthly payments
Tier 1	£8,620	£718.33
Tier 1+2	£8,620+£3,771.5	£718.33+£314.30

income rates. Further details are available from SPGC.

The funding document also lists the outline service specifications for the MAS and PHS.

These outline, for each new service, the background, aims and objectives, the service description and outline and administration, remuneration and supporting good practice.

According to Mr MacKinnon, the foundations being laid by the PHS will enable pharmacists to truly become public health practitioners and to earn their place as equal members of the primary healthcare team.

He also believes that contractors' fears may be unfounded regarding the financial impact of the MAS on OTC income.

He said: "Many of the patients eligible for MAS did not buy their OTC medicines in a pharmacy before anyway. The key thing about MAS is that it opens up patient access to OTC medicines for exempt patients and it positions community pharmacists as prescribers."

He adds that such new roles may also help pharmacists 'unlock' funding for additional, non-specified services at board level.

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All systems Goa

An upbeat approach is key to conquering NHS change, according to speakers at the Avicenna conference in India. Max Gosney reports



Adapt to survive: contractors must change working practices, claimed Hemant Patel

First the Beatles and now pharmacy – Goa has long been attracting travellers seeking enlightenment.

At Avicenna's annual conference, held in the former Portuguese colony in India, industry experts attempted to offer a little help with the opportunities of the government's recent White Paper on health.

Pharmacists should demand a greater role in community care to capitalise on NHS changes, advised Salim Jetha, Avicenna chairman. He said: "As a profession we must ensure we are taking part in the evolution of the NHS. There's a push from secondary to primary care and the DH will be looking for quality outcomes. It's a great opportunity for pharmacy but we won't be the only ones fighting for it."

David Coles, UniChem managing director, called for a constructive attitude among

contractors. He commented: "There's sufficient opportunity for you to thrive in. Please keep the positive emphasis and don't get left behind. If you think you can, you will."

The *Our Health, Our Care, Our Say* White Paper offered pharmacists an enviable opportunity, claimed Dr Sohail Rajput, a contractor in Aberdovey, Wales. "We're being recognised as an equal partner in the NHS healthcare team. I can't stress how vital it is to rise to the challenge before us," he said.

Success in setting up healthcare services would require a shift in working patterns, advised Hemant Patel, president of the Royal Pharmaceutical Society. "The balance of pharmacists' roles is changing and a significant amount of work pharmacists do now will need to be delegated to other staff. Automation will play a big part," he said.

Increasing responsibility for



Salim Jetha: Pharmacy must fight for a place in community care

community care could see pharmacists face formal "competency" checks in the future, added Mr Patel. "There's much work to be done in improving clinical competence. It won't be long until revalidation is brought in to ensure pharmacists are achieving the right standard."

Avicenna eyes up City float following record profits



Hitting the right notes: Avicenna will address low MUR uptake



Taking stock: Avicenna could be listed on AIM by next year, said David Gratton

Avicenna is closing in on stock market flotation after recording record-breaking profits of around £800,000 in 2005, non-executive director David Gratton revealed.

The buying group had entered talks with the City over a flotation on the Alternative Investment Market, which it expects to carry out within the next two years, said Mr Gratton.

He commented: "Salim Jetha and I have been working closely towards flotation. It could happen quickly, but we've got to meet strict criteria. All I can say is watch this space."

Avicenna would look to either merge or acquire another business before floating, confirmed Mr Gratton, who ruled out teaming up with a rival buying group.

Avicenna chairman Salim

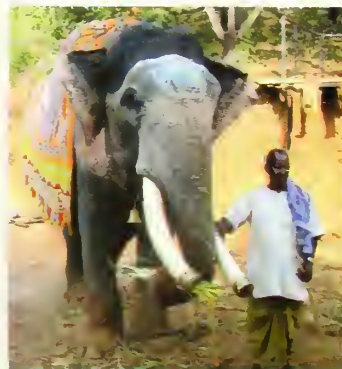
Jetha said the buying group was "not talking to anybody at the moment", but would make a "big step soon".

Avicenna was also in the process of boosting its brand portfolio, he revealed. "We are in the process of acquiring a brand, which most wholesalers keep. But I cannot offer further details until the deal is completed," he said.

Membership numbers increased to more than 500 during 2005, stated Avicenna executive director Shiraz Jiwani. "It's another successful, profitable year for the company. We are the most profitable among the buying groups," he said.

The company would look to boost training support to counter a low medicines use review uptake among its members during

the past year, confirmed Uma Patel, executive director. Members had suffered from a stilted start to the new contract, he said.



Heavyweight figures: Avicenna claimed to be the most profitable buying group

Pharmacists' mindset pivotal to success under GP commissioning

It's up to you to make practice based commissioning (PbC) work, a Department of Health (DH) 'tsar' told delegates at the Avicenna conference.

David Colin-Thomé, national director for primary care England at the DH, urged pharmacists to take an upbeat approach to GP-led commissioning.

"Whether PbC is a friend or foe will depend on you. I think pharmacists feel that GPs have a lot of power and are fearful over recent wholesale changes in the NHS. But I would urge them to speak with GPs or go to their PCTs and share their concerns," he said.

Pharmacists would be considered key players by doctor colleagues, claimed Dr Colin-Thomé. "If I wanted to know the needs of the local community then who better to

come to than a pharmacist? Contractors are ideally based for community services such as minor ailment and smoking cessation schemes. PbC will take energy, but is a win-win situation for GPs and pharmacists," he said.

Dr Colin-Thomé's comments were backed by John Chisholm, past chairman of the British Medical Association General Practitioners Committee.

He said: "It's about including pharmacists within the primary healthcare team and using your skills in medicine management and repeat dispensing."

"There's a lot to be achieved by freeing you up to do your role as healthcare professionals."

GPs would not be able to cut pharmacists out of community services by commissioning "in-house", added Dr Chisholm.

MUR forms go electronic

Medicines use review (MUR) times could be cut by 15 minutes with the launch of an electronic form filling system this summer, Cegedim has claimed.

The pharmacy IT supplier said the e-form would offer significant time savings on

the current manual method.

Steve Langley, national accounts manager at Cegedim, said: "With the electronic MUR forms we estimate you could cut MUR times by up to 50 per cent. It's been designed to simplify the whole process."



On the up: Avicenna delegates were urged to treat practice based commissioning with optimism

Our question to pharmacists this week was:

With eight pharmacists standing for election to the RPSGB's Council, how likely are you to vote?

'I will not vote, but Council does have a role to play'

Suhaie Abdullah,
Manchester

"I've voted in the last few years, but this year I've just not got the time to look at the information. I'm too busy"

Philip Hingley, Crewe

Comment

from the Editor

Why Scotland must vote

The question that pharmacy contractors want answered most is now being aired in Scotland: how will the funding work for the new pharmacy contract? And for Scotland, there is an interesting proposal for contractors to endorse: signing up to a two-year deal worth £444 million.

The longer-than-usual deal may turn out to be a shrewd move on the part of the SPGC, particularly with news reports from England of the financial morass that the NHS currently finds itself in. And this despite the health secretary saying the NHS has seen its best year so far.

Scotland faces its own parliamentary elections in the not too distant future. Some may think money will be flung at healthcare with the same largesse that the Chancellor did ahead of last year's UK elections. But if it is, then it will be targeted at headline grabbing initiatives such as reducing waiting times; meanwhile, lower profile services – the sort of things that pharmacy does expertly – may be

held back. Having pharmacy funding in place through to March 2008 may well pay dividends.

What is important, then, is for SPGC to have its own commendation of the framework proposals overwhelmingly endorsed by the contractors it has been negotiating for. To avoid having criticisms that "it was the multiples what swung it", all contractors need to participate and study the documents and attend the roadshows SPGC is providing.

Assuming that contractors concur with its views, SPGC would then have an absolute mandate to take the contract forward. And this could be crucial when an uncertain period may lie ahead within the NHS.

"The longer-than-usual deal may turn out to be a shrewd move by SPGC"

Your views

E-mail your views to [chemdrug @ cmpinformation.com](mailto:chemdrug@cmpinformation.com)

Frank Owens endorses the new Scottish contract funding framework

A 'good deal' for Scotland

The overall funding package already has the unanimous support of the SPGC standing committee. The contract team had presented to the full general council this last week, where the offer had been warmly received.

This is a good deal for contractors. It provides both stability and financial security at a time of significant change. It should also go a long way to restoring confidence in the future.

The next step must be to engage all contractors in Scotland to ensure they understand the opportunities the new contract will provide, both in the short and longer term. Contractors also need to understand the significant

dangers in rejecting the deal.

SPGC now needs to do all it can to facilitate the smooth passage of the proposal. Arrangements are already in place to ensure contractors receive a copy of the SPGC financial framework document this weekend.

This will be followed by a series of national roadshows. Our team is keen to ensure as many contractors as possible attend. If you can't make your local event, then come along to one of the others. Alternatively, contractors might want to come along to the planned national 'mop up' roadshow which is scheduled to take place in Stirling on May 14.

Identical presentations will be given at all events, with members of the contract team present to answer questions.

Following on from the information roadshows, SPGC intends that a postal ballot will be conducted, mid May, under the auspices of the Electoral Reform Services.

SPGC is keen that as many contractors as possible exercise their right to vote. It is essential that all sectors take ownership of the process. Further details of voting procedures will follow soon.

Frank Owens is chairman of the Scottish Pharmaceutical General Council.

Our online poll at www.dotpharmacy.com said...



BlackBAG

Pressing the flesh

During elections, politicians know only too well the value of flesh pressing. Never has so much flesh been pressed by so few.

In between elections there is less corporeal pummelling, giving MPs the chance to recover from fractured carpals. Prince Charles was once admitted to hospital for exactly this after a Royal visit without realising 99 per cent of those he met were Freemasons.

Firm handshakes and the shoulder pad grab may also explain the dreadful attrition suffered by candidates once the count is declared as many infectious diseases are transmitted via physical contact. Doctors in training are encouraged to 'lay on hands' although the GMC takes a dim view of overenthusiasm, particularly when both hands are employed.

In the entire history of the GMC not a single one-armed doctor has ever been struck off. Placing a cool hand on the forehead must be performed with the other stuck firmly up your back, baksheesh fashion. Apothecaries developed this style to reduce the fiscal embarrassment

TOPICAL REFLECTIONS

The election dilemma

Now that I have the correct coloured ballot form I'm able to do my duty, soothe my conscience and vote in this year's Council elections. The trouble is, it seems that doing my duty and soothing my conscience may be all I achieve.

Considering how to cast my votes takes time and I wonder whether this is time well spent. Some votes are easily cast, for candidates known personally or 'favourites' with a track record of good work. But it is difficult to know who might do the best job simply by judging whether their election statement most closely matches my own views. Some Council members with views very different to my own have worked hard in certain areas. And some candidates, once elected, see things a little differently anyway.

I've always been unsure how much impact Council has on my daily practice and, apart from the brave souls who 'saved our Society', I wonder whether some members make any difference at all. There is always a rush of activity around election time, and then it all goes a little quiet in some quarters.

There is a mixture of 'persuasion' from the multiples, chasing personal agendas and doing of favours that goes on around election time. But this is probably no different to what happens around any other election. I'm looking for the 'pure' candidate, untainted by corporate bias or career advancement, who will selflessly serve the best interests of the profession. But I'm being naïve - if elections were run on that basis we wouldn't have a national government never mind any other elected body.

But I am glad that a number of people, for whatever reason, are happy to serve on Council because if it were left to ordinary pharmacists like me there would be no candidates and the profession would look a little ridiculous. You need a certain amount of time and either independence or support to be able to stand, and this is beyond many of us.

So I'm left with the dilemma that if I don't vote, I've failed in my duty and have a guilty conscience, but if I do vote my conscience is clear and I can feel noble. Whether my vote will achieve the noblest aims I'm not so sure.

Jonathan Ross or two GPs?

I have mixed feelings about the news that some GPs are earning up to £250,000 a year (C&D, April 22, p6). They should be able to earn as much as top lawyers and accountants, but only if it is not at my expense.

GPs undoubtedly deserve a good salary but media reports are claiming this large salary increase is partly responsible for current NHS budget shortfalls. These are the same shortfalls that are denying us a reasonable chance of providing enhanced services. This pill is made even more bitter by the fact that most of these super-rich GPs are running dispensing practices and earning additional money that could also be rightfully ours.

GPs have done well to meet performance related targets that will improve patient health. But they seem to be working smarter, not harder. They are putting in fewer hours, and I doubt that the average GP now does as many as 52.5 hours a week.

But GP earnings pale in comparison with the salaries that the BBC pays some of its employees. Jonathan Ross, for example, is allegedly paid £530,000 for just one three hour radio show. While entertainment is not really comparable to healthcare, this is still taxpayers' money.

While I wouldn't benefit directly if Jonathan Ross took a pay cut, I may feel like my money was being better spent.

So which is better value for money - a three hour Jonathan Ross show, two full time GPs running large dispensing practices, or a dozen full time community pharmacists?



Cartoon by Don Sead

Doctors in training are encouraged to 'lay on hands'

for the patient's relative when it came to paying the bill.

Many an unnecessary rectal examination was avoided by a heavily preoccupied palm, not least for the patient. Shame then the drift towards a 'hands off' culture of medicine? On a recent medical trip to Tokyo I was struck by the lack of physical contact on meeting people. I was similarly impressed by the Japanese medical profession's average life expectancy of around 92 years.

Getting too close to your patient can obviously be dangerous in more ways than one. Yet despite the politicians' predilection for skin to skin contact some of them have nine lives. Unlike people on the receiving end of their policies.

Dr Ian Banks is GP practising in Northern Ireland

Eurofile update

Jörn Runge on Austrian health checks, Swiss vets and Italian fakes

Switzerland

Although pharmacists have been allowed to supply medicines for animals since 2004 the dispute with veterinarians is still not over. Pharmacist representatives are complaining that prescriptions for animal medicines are deliberately not being issued so that customers have no opportunity to get products easily from pharmacies.

The mutual antagonism intensified last autumn when the Organisation of Swiss Veterinarians carried out anonymous test purchases in 90 pharmacies. In a third of cases, the survey found that pharmacists failed to satisfy the laws and regulations regarding the supply of animal medicines. Pharmacists had supplied unlicensed medicines and prescription-only drugs without a document from the veterinarian, or had supplied products which were

licensed only for humans. In some cases the dosage was inappropriate, meaning that in the worst case scenario the pet could have died.

The vets highlighted their findings because of the potential for cruelty to animals but the Swiss Association of Pharmacists (SAV) said the concerns were "malicious allegations". Dr Marcel Mesnil, general secretary of the SAV, described the vets' tit-for-tat actions as "shameful", suggesting the vets were doing this only because they had lost their absolute monopoly of the market for animal medicines.



Austria

Pharmacists in Austria are starting to extend their services in a bid to support the Austrian government's efforts to improve the national health.

Under the slogan "10 minutes for your health", pharmacists in Vienna and Lower Austria are offering free health checks including weight and blood pressure, measuring abdominal girth as well as blood tests for diabetes and lipids.

Two health insurers are promoting the scheme and are refunding pharmacists for the materials used while an independent agency looks after the laboratory analyses. The scheme is supported by the health ministry and Vienna's city authorities, as well as the TV channel ORF, and companies such as Bayer, Roche and Pfizer.

But not everybody is so enthusiastic. Doctors are particularly critical: Dr Jörg Pruckner from the Austrian Medical Association has warned against the danger of confusion with preventive medical checkups and its risks. He accused the health insurer of running a parallel campaign within pharmacy, having already done a preventative health campaign with doctors, meaning patients would not know where to go.

Pharmacists regard their GP colleagues' reaction as rather exaggerated as the current scheme is limited to two months. Furthermore, the Austrian Chamber of Pharmacists says that doctors will not lose out as patients will be referred where appropriate: some 50,000 patients are expected to be identified as being in need of further medical attention.

Italy



A judge in Turin has announced that 20 Italian pharmacists are to appear in court because of the manufacture of counterfeit Viagra tablets.

The pharmacists are alleged to have produced thousands of unauthorised tablets over the past

couple of years using a supply of sildenafil citrate. The counterfeits are said to have been sold without prescriptions and for a very low price.

Pfizer has been stepping up its fight against fake Viagra and has

started to attach electronic identification devices known as RFID tags to all USA shipments of Viagra in an effort to detect the companies most frequently counterfeited and particularly this highly profitable product.

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Ex-Lax Senna Pills: Legal category: GSL. For more information please contact: Novartis Consumer Health, Horsham, RH12 5AB.



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Fishing for fat facts

Vanessa Sherwood reviews the essential fatty acids and their potential health benefits

A diet consisting largely of fish, whale, seal and walrus sounds as unhealthy as it is boring. However, research into the diets of the native population of Greenland in the 1970s revealed that this fat-rich diet was associated with an unexpectedly low mortality from coronary heart disease. The Danish researchers, Bang and Dyerberg, suggested that this effect might have been due to the high levels of omega-3 fatty acids present in the diet and interest in omega-3 fatty acids has continued since this time.¹

Chemistry

Omega-3 and omega-6 fatty acids are polyunsaturated fatty acids (PUFAs). The omega-3 FAs are derived from alpha-linolenic acid and the omega-6 FAs from linoleic acid. They are considered essential in nutritional terms as they cannot be synthesised by the body and must be obtained from the diet. The other unsaturated fats are the monounsaturated fats, which include the omega-9 FAs.

Fatty acids are saturated when each carbon atom in the chain is attached to the maximum number of hydrogen atoms and there are no double bonds between carbon atoms. Monounsaturated and polyunsaturated fatty acids have one or at least two double bonds respectively.²

Fatty acids have a methyl group at one end of the chain of carbon atoms and a carboxyl group at the other end (see Figure 1). The difference between the omega-3 and omega-6 FAs is the positioning of the first double bond from the methyl group or omega end. The first double bond is at the third carbon for omega-3 FAs and the sixth carbon for omega-6 FAs. Polyunsaturated fatty acids may also be referred to as n-3, n-6 or w-3, w-6 fatty acids.

Function

Essential fatty acids (EFAs) perform a vital role as part of the phospholipid membranes of cells and intracellular membrane structures such as mitochondria.

EFAs and their long chain derivatives are therefore essential for the formation of new tissues, especially the brain, nervous tissue and retina.

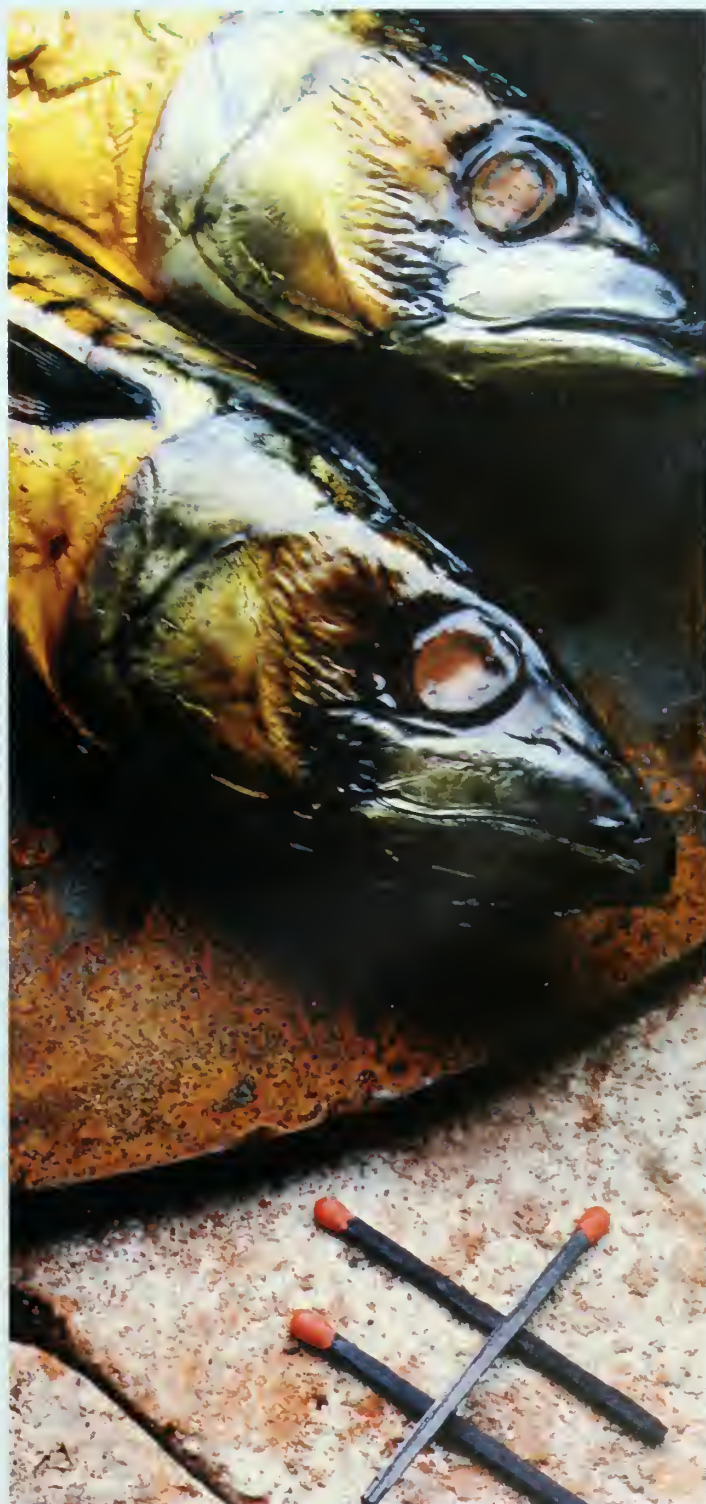
When released from the structural membranes by the action of phospholipase enzymes, the FAs may be converted into intracellular metabolites that act as secondary messengers, following receptor stimulation, or extracellular metabolites such as platelet-activating factor and eicosanoids, which participate in many important cell-signalling processes. Eicosanoids are biologically active substances, for example prostaglandins, leukotrienes and thromboxanes (see Figure 2) that modulate cardiovascular, pulmonary, immune, reproductive and secretory functions in many cells.³

Metabolism

Once ingested, the PUFAs are metabolised by the same enzymes but along different pathways. Omega-3 FAs and omega-6 FAs cannot be inter-converted in the body. Most metabolism occurs in the liver using the delta-*n* desaturase enzyme systems.

Eicosanoids are also by-products of the metabolic pathway of the PUFAs. Those produced from the omega-3 FAs tend to have less potent anti-inflammatory and immunological effects than those produced from the omega-6 group.

The beneficial effects of omega-3 FAs are now known to come from the end products of this metabolic pathway – eicosapentaenoic acid (EPA) and



The FSA advises most people to eat a minimum of two servings of fish per week, at least one of which should be oily

Continued on page 22 ►



NEW

FREE VERRUCAS REMOVED

There's no more effective way



Works with
a single
treatment

Quick and easy to use
A complete application takes less than 60 seconds

Scholl Freeze Verruca & Wart Remover treats verrucas and warts on the spot by rapidly freezing the core. A small blister may form underneath the verruca or wart within a few days. After application the verruca or wart will usually fall off within 10-14 days and new skin will grow in its place.

national
TV
campaign

From the No1 name in footcare, NEW Scholl Freeze is clinically proven to be as effective as the liquid nitrogen freezing method used in hospitals and clinics. It's the quick and easy way to treat verrucas and warts at home.

Safe and effective, NEW Scholl Freeze works by rapidly freezing the verruca or wart, which will fall off within 10-14 days after which new skin will grow in its place. A single treatment is usually all that's needed, although more stubborn or persistent verrucas may require 2 or 3 additional applications.

FREEZE A & WART OVER

to remove verrucas and warts



The complete Scholl Verruca range

Also available Scholl Verruca Removal Gel
and Scholl Verruca Removal System

Both products use salicylic acid to break
down the hardened
skin cells that make
up the verruca, they
also help prevent the
spread to others



Great for you

- Clinically proven fast and effective treatment
- Part of the trusted Scholl range – ideal for recommendation
- National TV campaign includes demonstration of simplicity
- Great POR and deals – ask your SSL representative for details

Great for your customers

- Quick, safe and easy to use at home
- Suitable for use on children aged 4+
- No need for plasters
- Pack contains 12 applications for multiple treatments

docosahexaenoic acid (DHA). These FAs are longer (that is, have more carbon atoms) and have more double bonds than the parent alpha-linolenic acid.

Although the body can synthesise EPA and DHA, this process can be slowed down by high consumption of alcohol, sugar and saturated fats, smoking, some drugs (for example, corticosteroids), and diseases such as diabetes, hypertension and auto-immune disorders.

High levels of omega-6 FAs, as are now found in typical Western diets, also compete for the same enzyme systems. This further slows the conversion of omega-3s to EPA and DHA and produces more inflammatory eicosanoids in the process.

Benefits

Many claims have been made for DHA and EPA and, although they appear to be of benefit in coronary heart disease and for lipid lowering, much more research is needed to provide real evidence of other benefits.

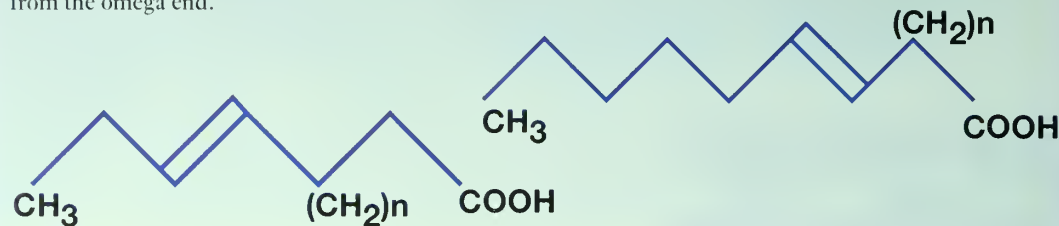
Cardiovascular disease

The exact mechanism by which the omega-3 FAs produce their beneficial effects is not known but the following have been proposed:

- Anti-arrhythmic.
- Antithrombotic.
- Anti-atherosclerotic.
- Anti-inflammatory.

Fig 1: Chemical structure of fatty acids

Fatty acids have a methyl group ($-\text{CH}_3$) at one end of the carbon chain (the omega end) and a carboxyl group ($-\text{COOH}$) at the other end. Omega-3 FAs have the first double bond at the third carbon atom from the omega end. By comparison, omega-6 FAs have the first double bond at the sixth carbon atom from the omega end.



- Improved endothelial function.
- Decreased blood pressure.
- Lowered triglyceride concentration.

As well as epidemiological evidence, two main trials have proved the benefits of fish or fish oils on secondary CHD prevention: DART and GISSI-Prevenzione.

DART (diet and re-infarction trial) randomised just over 2,000 men to receive no dietary advice or one of three different sets of dietary advice:

- A reduction in total fat and an increase in polyunsaturated fat intake.
- An increase in fatty fish intake.
- An increase in cereal fibre intake.

Participants who received advice on increasing fish intake were significantly more likely to be alive at the end of two

years due to a reduction in deaths from CHD.⁴

The Italian GISSI-Prevenzione trial randomised more than 11,000 post-MI patients to receive omega-3 fish oil capsules, vitamin E capsules, both or neither.

Patients also received pharmacological treatment and lifestyle advice. Benefits quickly became apparent and after more than three years those who had received the fish oil capsules had a 30 per cent reduction in the relative risk of cardiovascular death and 45 per cent decrease in the relative risk of sudden death compared with the control subjects, who were taking nothing.⁵

Lipid lowering

Fish oils are known to reduce the triglyceride component of blood lipids. There are two pharmacy medicines that can also be prescribed for this use in the UK: MaxEPA and Omacor. Only Omacor appears to have a licensed indication.⁶ But in Scotland, the Scottish Medicines Consortium has ruled that Omacor should not be prescribed to treat high triglyceride levels, saying: "This is based on the lack of long-term data to indicate that reductions in triglyceride levels provide real benefit in terms of reducing cardiovascular events, on a lack of evidence of increased patient acceptability to the product, and a lack of pharmacoeconomic case for the drug."⁷

The SMC does agree that Omacor can be used for the secondary prevention of MI. However, there is a concern that while omega-3 FAs reduce triglycerides they may also cause an increase in blood levels of low-density lipoproteins, although these increases are thought to be modest.

Cancer

Omega-3 FAs are unlikely to reduce the risk of cancer, according to a systematic review

published earlier this year. The review of 38 articles from seven countries looking at 11 different types of cancer did not suggest a significant association between omega-3 FAs and cancer incidence.⁸

Neurological

EPA and, especially, DHA are vital components of the brain. There is some evidence that omega-3 levels are reduced in patients suffering from attention deficit disorder, autism, depression, schizophrenia and Alzheimer's disease.⁹ However, large, good-quality randomised trials are needed before there is enough evidence to recommend fish oils to help treat psychiatric conditions.

In the last three months of pregnancy the foetus rapidly accumulates omega-3 FAs, especially DHA, into the brain, nervous tissue and retina and an adequate supply is now considered essential for proper neurological development.

Anti-inflammatory

Fish oil supplements have been shown to reduce morning joint stiffness and tenderness in rheumatoid arthritis sufferers. However, in a meta-analysis of 368 patients who took fish oils for more than three months no other disease parameters were affected.¹⁰ Metabolism of omega-3 FAs leads to the production of fewer inflammatory eicosanoids than omega-6 but there is little evidence at present to recommend omega-3 supplementation in other inflammatory conditions such as asthma, psoriasis or Crohn's disease.

Dietary sources

Supplementing the diet directly with DHA and EPA is the best way to avoid a metabolic system that is overloaded (with omega-6) or slow because of disease or ageing.

Also, when these FAs are



The flesh of salmon is a good source of DHA and EPA

present in the diet they are incorporated into structural lipids 20 times more efficiently than after synthesis from alpha-linolenic acid.

The best sources of DHA and EPA are fish oils and the flesh of oily fish such as mackerel, salmon, kippers, herring, sprats, trout, sardines, pilchards and fresh tuna. Tinned tuna is not a good source of FAs as most of the fat is lost in cooking before the tuna is canned. Tinned sardines and pilchards are as good a source as the raw fish.

Alpha-linolenic acid is found in seed oils such as flaxseed, rapeseed oil or linseed oil and some nuts, especially walnuts.

Vegetable oils such as sunflower oil and corn oil contain high levels of linoleic acid. The increasing use of vegetable oils throughout the food industry, in place of saturated fats, accounts for the big increase in the ratio of omega-6 to omega-3 fatty acids consumed in a Western diet. According to the British Nutrition Foundation the ratio of omega-6 to omega-3 is now about 6:1.

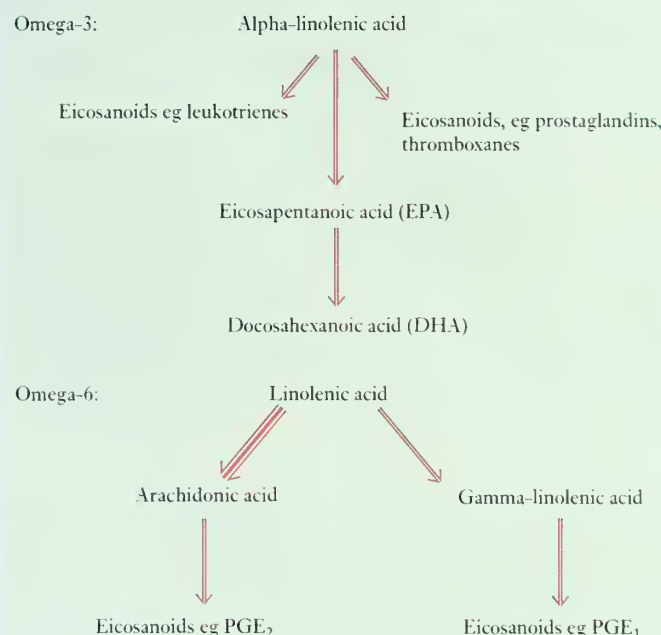
For babies and their rapidly developing nervous systems it is important there is a ready supply of EPA and DHA. The metabolism of these two long-chain PUFAs from the parent alpha linolenic acid may not be fast enough to keep up with the developmental demands, especially in pre-term infants because of their immature enzyme systems. Breast milk contains about 5 per cent of total calories as linoleic and alpha-linolenic acid and a further 1 per cent as the long-chain derivatives. Long-chain PUFAs are now added to some infant formulas.

Fishy business

The Food Standards Agency's advice is that most people should eat a minimum two servings of fish per week, at least one of which should be oily.¹¹ One serving is 140g or 5oz, so over a week this equates to about 450mg per day of a combined total of EPA and DHA.

However, most people in the UK do not eat enough fish and many will have been discouraged following concern about contaminants. The main contaminants in oily fish are dioxins and dioxin-like polychlorinated biphenyls (PCBs). These chemicals have half-lives of several years and accumulate in the body. Adverse effects include CVD and cancer, and they are thought to harm

Figure 2: Metabolism of omega-3 and omega-6 FAs



fetal development of the male reproductive system. Guidelines for fish intake have been developed specifically to address these concerns:

- Women who have had their children, all boys and men can eat up to four portions of oily fish weekly.

- Women and girls who may yet have children should limit their intake to two portions a week.

Different levels of dioxins can be found in oily fish. For example, herring is considered to contain high levels and should be consumed less frequently than trout, which has lower levels. Salmon and mackerel are thought to have an intermediate dioxin content.¹²

Methylmercury is a contaminant that can cause nerve damage, vision impairment, seizures and birth defects.

However, it has a half-life of 70 days and is not specifically a contaminant of oily fish. It is found in highest concentration in fish at the top of the predatory chain, (for example swordfish, marlin, shark and, to a lesser extent, tuna) because they have eaten lots of smaller contaminated fish over a lifetime. Pregnant women or those trying to conceive should not eat swordfish, shark or marlin, and should limit their intake of tuna. Children under 16 years should not eat swordfish, shark or marlin but, like other adults, do not

need to restrict their tuna intake.

The pharmacist's role

With omega-3 FAs being claimed to cure everything from female sexual dysfunction to Tourette's syndrome, it is important that community pharmacists are aware of the facts when advising patients on their use. As average levels of oily fish consumption are about one third of a portion per week, people should be encouraged to eat more oily fish, taking into account the government's guidelines listed above.

Not only is oily fish a source of fatty acids but it is also a good source of protein, selenium, iodine and vitamins A and D. People should be encouraged to eat a variety of oily fish as part of a balanced diet that includes plenty of fruit and vegetables. The antioxidant effects of fruit and vegetables may help to counteract any oxidation of the long-chain FAs.

Those who do not enjoy eating fish may wish to consider a fish oil supplement. As the ratio of omega-6 to omega-3 is so high in the average Western diet there is no need to supplement with omega-6 or omega-9 FAs. The British Nutrition Foundation Task Force on Unsaturated Fatty Acids suggests a weekly intake of 8g of combined EPA and DHA for women and 10g for men.

Omega-3 supplements usually contain EPA and DHA in a ratio of 3:2, for example 180mg EPA and 120mg DHA per dosage unit or 300mg combined. Taken three times daily, a supplement with this level of FAs would give about the *British National Formulary's* recommended daily amount. Different fish oils yield different levels of FAs so it is important to look at the EPA and DHA levels rather than the total fish oil content.

Large daily doses of fish oils (above 3g daily) have been associated with an increased bleeding time. Patients taking warfarin should be advised to monitor their INR levels more closely if taking a fish oil supplement, or should speak to their doctor first. Vitamins A, D and E may also be included in supplements and patients should be aware of their intake of these vitamins from other sources to ensure they do not exceed recommended daily amounts.

Vegetarians, or those allergic to fish, can increase their intake of the parent alpha-linolenic acid by eating walnuts and using walnut, rapeseed, linseed and flaxseed oils. They may also wish to moderate their intake of omega-6 FAs, perhaps by reducing the use of vegetable oils high in linoleic acid.

Minor gastrointestinal side effects of fish oil supplementation, for example burping, bloating, indigestion and a fishy aftertaste can be reduced by taking the supplements with food and slowly increasing the intake over time.

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Vanessa Sherwood, BSc, MRPharmS, is a freelance writer

Newer insulins offer little advantage



Long-term efficacy and safety data are needed before insulin analogues are routinely recommended

Short-acting insulin analogues offer only minor benefits to the majority of patients with diabetes, a newly published review has said.

Studies of type 1 diabetics found that those who used insulin analogues had, on average, blood glucose levels just 0.1 per cent lower than

those on regular insulin.

Similarly, there was no significant difference in the blood glucose levels of type 2 diabetics using either regular or analogue insulin. In both patient groups, the incidence of hypoglycaemic episodes did not differ.

The Cochrane authors analysed 49 trials involving over 8,000 patients, but commented that the majority of studies were of poor

quality. None assessed the long-term effects of analogues on common diabetes-related complications, such as cardiac and renal problems, leading to the authors' conclusion: "Until long-term efficacy and safety data are available we suggest a cautious response to the vigorous promotion of insulin analogues."

For more information:
www.thecochranelibrary.com

Opioid withdrawal regimens analysed

Buprenorphine has been deemed more effective than methadone and clonidine at aiding opioid withdrawal.

A Cochrane review analysed 18 studies involving more than 1,300 patients trying to come off opioids. The severity of withdrawal was similar for patients on buprenorphine and methadone, but the former appeared to experience quicker resolution of withdrawal symptoms and were more likely to complete treatment.

In comparison to patients given clonidine, those on buprenorphine had fewer withdrawal symptoms, stayed on the regimen longer and were more likely to complete treatment. Although there was no measurable difference in side effects, clonidine patients were more likely to cite them as a reason for dropping out of treatment.

Buprenorphine dosing studies suggest gradual tapering is more effective than rapid reduction, but evidence is limited and more is needed, said the authors.

For more information:
www.thecochranelibrary.com

Scriptlines

New HRTs

Resource Medical has launched three hormone replacement therapies to the UK market: Bedol (estradiol 2mg), Climamor (medroxyprogesterone acetate 5mg) and Clinorette (estradiol 2mg plus estradiol 2mg/norethisterone 1mg).

Both Bedol and Clinorette tablets are indicated as HRT for oestrogen deficiency symptoms in peri and post-menopausal women with an intact uterus. Climamor tablets are licensed to treat dysfunctional uterine bleeding, secondary amenorrhoea, and mild to moderate endometriosis, and may be used in combination with an oestrogen product for HRT for oestrogen deficiency symptoms in peri and post-menopausal women.

The SPCs for all three products state that HRT should only be initiated for symptoms that adversely affect quality of life, and that, in all cases, the risks and benefits of treatment should be evaluated at least annually.

Prices and pip codes: Bedol 3x28s

£5.07 322-1686, Climamor 2x14s
£3.27 322-1777, Clinorette 3x28s
£9.23 322-1728

Resource Medical UK Ltd
Tel: 01484 531489

Havrix changes

GlaxoSmithKline has announced changes to the way its hepatitis A vaccine may be used.

Havrix Monodose's expanded booster licence means patients may now be offered booster doses up to five years after the primary vaccination course. Previously this window was 36 months. And, based on predictive modelling, the duration of protection has been increased to 25 years, removing the requirement for a second booster dose after 10 years.

For more information:
www.emc.medicines.org.uk

Zarontin caps

Pfizer has warned pharmacists that stocks of Zarontin 250mg capsules (ethosuximide) are likely to run out in early May. The company has recommended that all patients

taking Zarontin capsules should be reviewed by a specialist and given an alternative as soon as possible. Care should be taken if patients are switched between formulations (such as capsules and syrup) or brands (such as Zarontin and Emeside), as bioavailability may not be the same, Pfizer has advised. The company decided to discontinue Zarontin capsules last year following quality issues.

Galen products

Galen has announced the discontinuation of Menoring (estradiol) and Tramake Insts 50mg and 100mg (tramadol hydrochloride).

For more information:
Galen Ltd
Tel: 028 3833 4974

Adartrel soon?

GlaxoSmithKline has announced plans to launch Adartrel (ropinirole) for the treatment of moderate to severe restless legs syndrome later this year. The drug was given a positive opinion by the European

drug regulator last year (C&D, September 24, p12), and the company said it expects marketing authorisations to be issued in all EU states from May onwards.

Microneb III

Clement Clarke has introduced a nebuliser mouthpiece that has been designed for comfort. The Microneb III is lighter and easier to hold than previous models, says the company, and will replace the existing two-piece mouthpiece in most Lifecare and Medix nebuliser packages. The original device will still be available for inline use or when a filter is required.

For more information:
Clement Clarke International Ltd
Tel: 01279 414969

Fungilin tabs

Fungilin tablets (amphotericin) have been discontinued by Bristol-Myers Squibb for commercial reasons.

For more information:
Bristol-Myers Squibb Pharmaceuticals Ltd
Tel: 0800 731 1736

Sanatogen combination gives babies a boost

Sanatogen ProNatal plus Omega 3 has been added to the multivitamin and mineral supplement range from Bayer Consumer Care.

Studies at the University of Maryland in the USA have found that pregnant women and their babies benefit from taking omega-3, which helps support brain and eye development and can also boost children's concentration and learning ability.

Sanatogen is putting £1.2 million behind the brand during 2006 and the combination pack will benefit from an advertising and public relations programme.

Price: £10.99 for a combination pack containing 30 tablets of Sanatogen ProNatal and 30 Omega 3 capsules

Centra Healthcare
Tel: 01202 780558



Parceline guarantees OTC deliveries

OTC Direct, the Epsom-based shortliner for generic and parallel imported medicines, is now using Parceline to deliver medicines to UK pharmacists and GPs.

Next-day delivery is guaranteed and customer orders can be placed from 9am until 7pm. There is also a delivery on Saturdays before 12 noon.

For more information:

Tel: 0800 1692305

www.otcdirectltd.co.uk

Canesten gets a makeover

Bayer Consumer Care has repackaged all of its Canesten products for gynaecological and dermatological use.

In addition it has relaunched and renamed two of its thrush treatments.

All packs have been modernised and include images on the front and simple diagrams of the products on the back to help patients and pharmacists understand the product format and pack contents. The Canesten AF series, for example, now displays a footprint so that it is clearly indicated for athlete's foot.

Colour coding is used to help distinguish thrush products containing clotrimazole and fluconazole. Those containing fluconazole, which is contra-indicated in pregnancy, carry a pink wheatsheaf on the packaging, while clotrimazole-only products carry a yellow wheatsheaf.

Canesten Complete thrush treatment is now called Canesten Cream Combi and includes an applicator pre-filled with 10 per cent clotrimazole cream to treat the internal infection and a tube of two per cent thrush cream to ease external itching.

Canesten Once has been renamed Canesten Internal Cream and contains a single-use pre-filled applicator of 10 per cent clotrimazole thrush cream for internal treatment.

Canesten AF Spray is now indicated for the treatment of jock itch and Canesten 1% Cream for fungal nappy rash.

For more information:

Ceuta Healthcare

Tel: 01202 780558

www.canesten.co.uk

Snoreeze giveaway for a good night's sleep

Snoreeze has been giving away 100,000 trial size packs of its Oral Strips this month as a prelude to National Stop Snoring Week.

Shoppers at St David's Shopping Centre in Cardiff today (April 29) will be able to

pick up a sample. There will also be the chance to take part in the Great British Snoring Survey, which aims to investigate the sleeping and snoring habits of the nation.

For more tips and further



information about the Great British Snoring Survey visit

www.giveupsnoring.com

For more information:

Passion for Life Healthcare

Tel: 01372 847222

Gillette's sensitive touch

Gillette is extending its Series range with the launch of Pure and Sensitive Gel and Foam.

Both variants moisturise and soften beard hair and provide lubrication for a smooth shave. Featuring white packaging, Gillette believes the products will convey a modern feel and stand out clearly on shelf.

Gillette currently holds 60.9 per cent of the male shave preparations market, with the Series range accounting for 35.8 per cent (source: IRI 52 w/e November 26, 2005).

Prices, pack sizes and pip codes:

Foam £2.19 for 250ml, 005-2134; Gel

£2.95 for 200ml, 005-2167

Gillette

Tel: 020 8560 1234

National Condom Week update

About 400,000 National Condom Week condom sample packs will be available through the www.hesaysyou say.co.uk website (C&D, April 15, p28).

The packaging of the packs has been designed to appeal to young women, in line with the strategy to empower them to carry condoms in their bags. Health professionals can find out more about National Condom Week and the summer-long He Says You Say campaign at www.durexchange.co.uk, and register for campaign toolkits.

A mental workout with ProBrain

ProBrain will appear in advertising on and around the puzzle pages of national newspapers and magazines in a new campaign.

Seven Seas is spending £250,000 promoting national coverage throughout the year. Adverts featuring interactive puzzles while detailing product benefits will appear in large circulation newspapers and Sunday titles, and in magazines targeting the affluent 50+.

Tim Horne, UK and international

marketing manager, said that more than half of the UK population are over 50. "Research shows that brain function starts to decline in our mid-40s when we still expect to enjoy many years of working life and a productive retirement."

ProBrain contains omega-3 fatty acids and ginkgo biloba, and aims to help the 50+ generation "stay sharp to enjoy work or leisure".

For more information:

Seven Seas Ltd

Tel: 01482 375234

Winnie the Pooh toiletries for tiny tots

As part of the celebrations for the 80th anniversary of Winnie the Pooh, DDD Ltd in Watford has launched a range of children's toiletries, which are made and distributed under licence to Disney.

Developed for children from age two, the range includes Messy Paws antibacterial hand wash, hand wipes, Magic Bubbles colour changing bubble bath, Little Softee moisturising lotion and Ho-Hum 2-in-1 conditioning shampoo, with prices ranging from £1.99 to £2.49.

The range is available from Boots and independent pharmacies. Magic Bubbles and Ho-Hum 2 in 1 is also

available from Morrisons.

Supporting the launch is a full marketing support campaign targeting national and regional newspapers, women's interest and parenting titles and events.

For more information:

DDD Ltd
Tel: 01923 205303



More brushes from Butler GUM

The Butler GUM range of oralcare products has been expanded with the launch of four speciality toothbrushes.

The Orthodontic brush is designed for cleaning around orthodontic appliances such as brackets and ligatures. A travel variant with antibacterial bristles is available. The Sulcular brush features two rows of soft bristles for cleaning gingival sulcus and other hard to reach areas.

For special maintenance concerns such as orthodontic bands, the End Tuft brush has been designed with a small brush head carrying seven tufts and for post-surgical cleaning the GUM range offers a Delicate brush with ultra soft bristles.

Also new, Expanding Floss is a thin floss that expands during use to clean more of each tooth's

surface. It is gentle on the gums and suitable for patients with tooth or gingival sensitivity and recession, says Dowelhurst. For interdental brushing, GUM offers the new Proxabrush Bi-direction brush. Its adjustable head provides easy access to all areas of the mouth, says Dowelhurst. Fine and Microfine variants are available.

GUM Gingindex combines chlorhexidine and cetylpyridinium chloride to protect delicate and sensitive gums. The active ingredients help combat halitosis through reducing the build-up of micro-organisms, says Butler GUM. Toothpaste and rinse variants are available.

A display unit is available.

Prices: from £2.25 (Gingindex paste) to £4.49 (Gingindex rinse)

Dowelhurst
Tel: 01926 461600

Goldshield's Magnetic attraction

Magnopulse magnetic therapy products are now being marketed by the Goldshield Group.

The agreement between

Goldshield and Magnopulse will run for three years initially.

For more information:

Goldshield
Tel: 020 8649 8500

Silver plasters fight infection

Plasterman, a child-friendly character, is highlighting the benefits of Elastoplast's Silverhealing plasters and dressings in TV advertising running until the end of May.

The 20-second adverts describe the hypoallergenic silver coated plasters, which release silver ions into the wound. These disrupt bacterial structures and help prevent bacteria from multiplying, significantly reducing the risk of infection.

For more information:

Beiersdorf
Tel: 0121 329 8800



Armour plating for teeth

Enamel Care toothpaste is now available from Arm and Hammer.

Designed to restore the surface enamel of teeth, the product can reverse damage caused by acid when used twice daily for three months, claims the company.

Alongside fluoride and the

brand's signature baking soda, the paste contains 'liquid calcium technology' to clean and fill in tiny crevices in surface enamel.

Price: £3.49

Pack size: 75ml
Pip code: 320-7917
Church and Dwight
Tel: 01303 858700

TV next week

Abbott Diabetes Care: Freestyle Mini: five, GMTV, Sat

Aquaban: GMTV, five, Sat

Aquaban herbal: GMTV, five, Sat

Buscopan: GMTV

Cura-Heat Arthritis Pain: All areas except GMTV, Sat

Cura-Heat Back Pain: All areas except GMTV, Sat

Dulcolax: C4, GMTV, Sat

Paramol: All areas

Seabond: All areas

Simple skincare: All areas except GTV, B, G, HTV, CTV, W, TT

TCP Spray Plaster: All areas

Volterol Emulgel P: A

Ymea: GMTV, Sat

PharmaSite for next week: Clarityn – Windows, Clarityn – In-store, Pepto Bismol – Dispensary

Pharmacy channel: Scholl Freeze, Pfizer – Regaine

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Back on TV in April

ONLY
10 MINS
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TIME

NEW clinically proven

Full Marks solution

eliminates head lice
& their eggs

ONLY
10 MINS
APPLICATION
TIME

- toxin free
- quick & easy treatment
- head lice solution & comb included
- low odour

4
treatments



Leader of the pack

N°1 head lice treatment¹

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Full Marks Solution is clinically proven to eliminate head lice and their eggs quickly and without any chemical smell.

It sells

Full Marks Solution is now Number 1¹, with 20.7%² share of the market thanks to our TV campaign and your recommendations.

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Now even more of your customers will hear about this dermatologically tested, fast and effective treatment that's pleasant to use. It's also suitable for asthmatics and children from 2 years.

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Eating clever

Increasing evidence for the benefits of a healthy diet and more health conscious consumers are fuelling growth in the VMS market. **Steve Bremer** reports

Action on folic acid

The Food Standards Agency is about to begin a consultation on options for improving the folate status of young women to reduce the number of babies born with neurological diseases such as spina bifida.

One option would be fortifying all flour with folic acid. Other options include more voluntary fortification and encouraging young women to take supplements and eat more folate rich foods.

The FSA is also considering a review of the benefits and risks of fortification by the Scientific Advisory Committee on Nutrition, the committee of independent scientific experts who advise the Government, and will make its recommendation in September.

Folic Acid Action, an expert panel of healthcare professionals and patient representatives, welcomes the consultation. Dr Rob Hicks, spokesman for the panel, says: "Folic Acid Action hopes that this discussion will facilitate further increased awareness of the importance of an adequate intake of folic acid prior to conception and during the first 12 weeks of pregnancy."

Changes in diet over the last 50 years could be an important factor behind the rise of mental health issues in the UK, according to a report by the Mental Health Foundation.

Changes to the way that food is produced and manufactured have reduced the amounts of essential fats, vitamins and minerals consumed as well as disturbing the balance of nutrients in foods. The proliferation of industrialised farming has introduced pesticides and altered the body fat composition of animals. This has resulted in falling intakes of omega-3 fatty acids and rising consumption of omega-6 fatty acids. This altered ratio combined with a lack of vitamins and minerals is associated with depression, and concentration and memory problems.

Changes in the way that food is cooked have also had a significant effect. Only 29 per cent of 15 to 24-year-olds now eat a meal made from scratch every day, compared to 50 per cent of those over 65. The *Feeding Minds* report found that a high proportion of younger people are not eating enough fresh fruit and vegetables, and eating too many ready meals and takeaways.

Dr Andrew McCulloch, MHF chief executive, says: "We are well aware of the effect of diet on our physical health, but we are only just beginning to understand how the brain, as an organ, is influenced by the

nutrients it derives from the food we eat, and how diets have an impact on our mental health. This evidence raises a number of important questions and concerns for us all, but the knowledge gives individuals the power to make decisions that will benefit them and future generations."

Key findings include:

- A 34 per cent decline in UK vegetable consumption over the last 60 years, with only 13 per cent of men and 15 per cent of women now eating at least five portions of fruit and vegetables every day.
- People in the UK eat 59 per cent less fish – the main source of omega-3 fatty acids – than they did 60 years ago.
- Supplementing young offenders' diets with vitamins, minerals and essential fatty acids has resulted in significant reductions in anti-social behaviour.
- Growing evidence that diet plays an important contributory role in mental health problems such as attention deficit hyperactivity disorder, depression, schizophrenia and Alzheimer's disease.

A major children's nutrition project promoting the link between nutrition and mental health was launched on April 20.

Food for the Brain is a non-profit making educational campaign created by a group of nutritionists, doctors, psychiatrists, teachers

EU Directive

A European Union Directive came into force last August that aimed to harmonise regulations governing food supplements across all EU member states. It sets out a framework by which the safety of vitamin and mineral supplements will be evaluated by the European Food Safety Authority.

The directive will make it illegal to sell any supplements in the UK containing vitamin preparations and mineral substances not on its 'positive' list. That is, those assessed for safety by the EFSA. There are six minerals which are not on the positive list that are currently used in food supplements on sale in the UK: tin, silicon, nickel, boron, cobalt, vanadium. In addition, certain 'forms' or salts of some minerals are not included in the list.

Manufacturers were prepared for this directive and subsequently it has not had a significant impact on the market, says Dr Ann Walker, Health Supplements Information Service expert. "Manufacturers had adequate time to prepare for the Directive and some have reformulated their products. Others have submitted dossiers on forms of vitamins and minerals not on the permitted list."

Over 400 dossiers have been submitted in the UK. Those products

containing nutrients not on the permitted list, but with a submitted dossier, will be allowed to continue on the market until it has been decided that they should not be included.

The implications for pharmacists are also limited, other than providing reassurance. "Pharmacists should feel more confident that the products they are selling have all been scrutinised for safety," says Dr Walker.

The directive provides a framework for the introduction of maximum doses in 2007. Again, this has been anticipated by manufacturers, who will need to make little change.

"Manufacturers in the UK were already working with voluntary maximum safe-dose guidelines of the Health Food Manufacturer's Association before the introduction of the Upper Safe Levels introduced by the *EVM* (Expert Group on Vitamins and Minerals) Report in 2003," says Dr Walker. "As there were few differences between the two sets of guidelines, most supplement formulations complied with EVM guidelines before it was even published. It is thought (and hoped) that the EVM Report will be influential in setting maximum doses in the EU Supplements Directive in the future."

Mixing business and sport

Ulli Jonsson is a pharmacist who has mixed his passion for sport with his professional expertise in health supplements to launch his own company, SportsMedica. The company provides sports nutrition and consumer healthcare products.

Having played football at premier league level in his home country, Iceland, and held senior positions in the pharmaceutical industry Mr Jonsson was well placed on both fronts to take the business forward. He hopes to take a significant share of the £150 million sports supplements market.

Mr Jonsson wanted to create a trusted brand name that competitive sportspeople could rely on. Having attended continuing education seminars for pharmacists on sports injuries and doping in sport, Mr Jonsson thought that there was some confusion among pharmacists and little trust in the products on offer. "I also sensed a great interest by my fellow pharmacists in the area of sports medicine as this is where they get asked to advise quite a lot and often they don't feel sure what they can or should recommend," he says.

Mr Jonsson believes that pharmacists can take advantage of the growing sports supplements market. "My view is that pharmacy has so far

not played a significant part in this trend where I see gyms, grocery and specialist trade benefiting. Pharmacy is well placed to take part in this growing trend and to create value both for pharmacy and consumers – who want credibility and quality."

Pharmacists have an important role in promoting healthy lifestyles and fitness as a proactive way to invest in people's future health, says Mr Jonsson.

"Pharmacy also requires trusted products which have the ability to support people in an active lifestyle, which is where SportsMedica aims to help."

SportsMedica products offer the scope for brand loyalty and frequent re-purchase at a relatively large margin for pharmacy. Users of sports supplements are frequent purchasers, do not change brands easily if they like the product and they are happy to pay a reasonable premium for quality and trust.

Mr Jonsson is clear about how his pharmacy background has benefited his company. "Being able to take a look at the sports nutrition and healthcare market, I can review which ingredients have been established best by science. From there I can formulate products to support active lifestyles with the aim of convenience of use, building on established, quality ingredients, sourced from reputable suppliers."

and scientists that involves a number of primary, junior and special schools across the UK.

The aim of Food for the Brain is to promote awareness of the link between nutrition and learning, behaviour and mental health. The initiative will provide educational material and services for schools, the public and health professionals. It is fully supported and funded by individual donations, charity fundraising events as well as commercial support.

Nutritionist Patrick Holford, one of the leading opinion leaders behind the campaign, says: "Food for the Brain is about fundamentally changing our eating habits. We're starting with school children. We want the norm to be eating porridge for breakfast, snacking on wholesome nuts, fruit and seeds and drinking natural fruit drinks diluted with plenty of water, rather than the highly sugared cereals, sweets, crisps and colas that our children are used to. Daily supplements of vitamins, minerals and essential fats are also important. We want to show parents and schools why it's smart to choose optimum nutrition if you want to maximise a child's potential. In essence we're going to do to children's brains what Jamie Oliver did to their school dinners."

For more information:
www.foodforthebrain.org.

An expanding market

The vitamins, minerals and supplements market continues to show healthy growth as manufacturers respond to the demands of increasingly discerning and health conscious consumers who are being encouraged to take responsibility for their own health. The VMS market was worth over £165 million in the year to February, according to IMS Health, an increase of 6.9 per cent on the previous year.

A changing regulatory environment, placing more emphasis on self-care and collaborative community care is encouraging consumers to increase their self-medication choices and regularity of use. This is having a positive impact on the VMS market, says Tom Hardman, UK and international marketing director for Seven Seas.

Understanding consumers is vital for success in the VMS market. "Seven Seas has again invested significantly in research in the VMS category this year to continue to understand the current VMS consumer and what is driving their purchasing and usage behaviour," says Mr Hardman.

Seven Seas continues to focus on new product offerings, for example with the development of its JointCare range, extension of its Haliborange range with

Teensense, extending the Multibionta range with Activat and the launch of ProBrain.

"These are all extensions and introductions which meet consumer needs."

VMS is a highly competitive market, particularly the cod liver oil sector. Although Seven Seas remains the sector leader, with a 64.5 per cent share, and is the best-selling brand in the whole market, sales fell by over 14 per cent last year, according to IMS Health.

"Cod liver oil has become more competitive for many reasons," says Mr Hardman. "One being the emergence of glucosamine for joint health. Seven Seas has addressed this growing interest by developing and extending our JointCare range, combining the benefits of cod liver oil with glucosamine in order to satisfy consumer needs."

Continued investment aims to ensure Seven Seas retains its market leading position. "We are investing in advertising, promotion and PR to support Seven Seas cod liver oil to educate new and existing users within the market. At the same time we are investing in research with consumers to identify their ever changing needs and clinical research to provide the evidence to support health benefits."

The top 10 brands*

	Year on year growth %
1. Seven Seas cod liver oil	-14.2
2. Own-label omega-3 preparations	7.6
3. Own-label other dietary supplements	49.2
4. Own-label plain vitamin C	1.4
5. Bassetts	21.3
6. Haliborange DHA	168.0
7. Seven Seas Multibionta	20.6
8. Sanatogen Gold-	9.2
9. Own-label multivitamin and mineral	-5.4
10. Berocca	26.1



Understanding consumers is vital to success in the VMS market

The market by category*

MAT - Feb '06,	£000	Y-o-Y growth %
Joint care	11,189	25.3
Multivitamins & minerals, adult	28,574	-1.1
Multivitamins & minerals, child	1,121	5.3
Multivitamins adult	5,479	4.9
Multivitamins child	4,976	16.8
Yeast products	21	-59.7
Vitamin C	8,703	4.9
Vitamin A, vitamin D	43	-19.6
Vitamin E	1,753	-9.1
Calcium supplements	2,669	-7.5
Iron supplements	1,927	13.0
Fish oils	35,477	7.7
Other dietary supplements	16,311	34.8
Tonics and other stimulants	13,774	-2.8
Homeopathic products	1,597	-8.4

The VMS market*

The market by retail outlet:

MAT - Feb '06,	£000	Year on year growth %
Multiple pharmacy	24,921	5.8
Independent pharmacy	41,106	-2.8
Grocers with pharmacy	42,924	10.1
Grocers without pharmacy	52,169	12.4
Convenience	880	-3.7
Forecourts	2,956	34.5
Other grocers	312	91.2

*according to IMS Health

NB: All figures exclude Boots and Superdrug

Continued on page 32 ►



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www.carnationfootcare.co.uk

Product news

A healthy combination from

Health Perception

Health Perception's new combination product, ArheumaCare, contains ingredients to help combat joint mobility issues and joint inflammation as well as fish oils and gamma linolenic acid, beneficial to the healthy function of the brain and nervous system.

Each pack contains 30 tablets and 30 capsules. The tablets contain glucosamine, turmeric (which contains antioxidants with analgesic properties) and ginger (which has an anti-inflammatory and warming action). Capsules contain cod liver oil, borage oil and omega-3.

Health Perception has also launched GlucOsamine 500 specifically for the prescription market. 'For Professional Use Only', this is the first glucosamine product to achieve DMF status, complying with the stringent European Drug Master File regulations.

Helen Isaacs, Health Perception's marketing director, comments: "We have seen the glucosamine dispensing market increase significantly since 2000 when it was worth £50,000. We are expecting it to increase to over £3 million in 2006.

The company has also compiled a comprehensive guide to the clinical evidence and safety profile of glucosamine in scientific literature, which is available free by calling 01252 861454.

Health Perception Ltd, tel: 01252 861454

A sporty life with SportsMedica

SportsMedica has launched a range of nutritional supplements for athletes. Its range includes products for muscles and strength, weight control and energy, joints and tendons, and skincare. All ingredients are free from any banned chemicals as defined by the World Anti-Doping Agency.

● **Activ Fitness Meal** is a meal replacement for weight control.

● **Active Extra Fitness Meal** contains oat bran for longer energy release and ribose, a mono



sugar that forms the backbone of ATP necessary for muscle contraction.

● **Active Muscle Meal** is a concentrated protein mixture for those who want to increase protein relative to carbohydrate in their diet.

● **Activ Whey Protein** is a pure protein source for those who want to add protein to their diet and perhaps mix with other nutrients or drinks.

● **Activ Joints** capsules contain glucosamine 500mg and chondroitin 400mg for joint and back health.

SportsMedica, tel: 0870 850 2867

Balancing hormones with Estroven

The phytoestrogen rich Estroven multivitamin supplement, which is designed to help women balance their hormones from their mid 30s, now includes 70mcg of iodine to help boost an often flagging thyroid function.

Almost all of the 2,000 women in their 50s in a recent survey said they would try an alternative remedy before resorting to HRT. Almost 95 per cent said they were trying natural remedies and felt they were working.

Wassen International Ltd, tel: 01372 379828

Get Activ with selenium

Wassen's new Selene-Activ supplement contains a combination of selenium and sulforaphane (broccoli extract). Sulforaphane is an isothiocyanates with an anticancer action.

A recent study by the Institute of Food Research found that half the population lack a gene required to retain glucosinolates in broccoli, which are broken down to form isothiocyanates.

This year is the 25th birthday of Selenium-ACE and it remains the brand leader in a sector it created. Selenium levels in food have plummeted in this timeframe (50 per cent in the last 50 years) so supplementation has become even more useful. Wassen has created a cartoon to mark the occasion.

Wassen International Ltd, tel: 01372 379828

Litozin from Lanes

Lanes has launched LitoZin Joint Health capsules, a new supplement derived from rose-hip that is the only supplement containing GOPO – the active ingredient that may play a role in the care of joints and joint tissues. The capsules can be swallowed whole or opened and the contents sprinkled over food.

LitoZin Joint Health retails at £19.99 for 120 capsules.

GR Lane Health Products Ltd, tel: 01452 524012

Identifying the supplement takers

Over a quarter of adults take supplements, according to a Health Supplements Information Service survey. But of those who do, 67 per cent admit that their diet is not always as good as it could be, leading them to fill the gaps in essential nutrients with vitamins and minerals. And almost two thirds of those who do not take supplements also admit to a poor diet.

Spending on vitamins and minerals varies significantly across the country. The average monthly spend is £5.19, but Londoners spend £8.22 a month and consumers in the South West spend only £1.88.

The HSIS survey identified seven key categories of supplement user:

● **Cold and flu fighters** – busy working people who recognise the benefits of taking supplements to manage winter colds and infections. *Supplements used?* Vitamin C and echinacea.

● **Dietary compensators** – young, busy people and parents of faddy eaters who use supplements to plug gaps in their nutrition. *Supplements used?* Multivitamins and minerals, while mothers with young children also use fish oil.

● **Body maintainers** – mostly male, middle aged and older, who

take supplements to help maintain healthy joints and hearts and try to stave off wear and tear.

Supplements most used? Fish oil, glucosamine and echinacea.

● **Health conscious young** – those committed to a healthy lifestyle. *Supplements used?* Vitamins C and E, antioxidants, ginseng, evening primrose oil, starflower oil, sports supplements, and nail and hair supplements.

● **Problem solvers** – generally older people who take supplements for a specific condition. *Supplements used?* Cod liver oil, glucosamine, chondroitin and devil's claw.

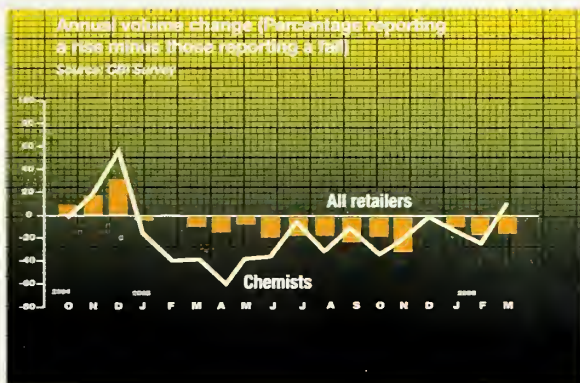
● **Life enhancers** – active older people, particularly women, who take supplements to look and feel as young as possible. *Supplements used?* Multivitamins, a wide variety of minerals, fish oils, garlic, selenium, echinacea, calcium, ginseng, evening primrose oil, ginkgo and biloba.

● **Family therapists** – mostly well-informed mothers who use the health pages of their newspaper or the internet to boost their knowledge. *Supplements used?* Folic acid, fish oil, B vitamins, vitamin E, zinc, evening primrose oil and plant steroids.

Cold comfort in March

Retail sales

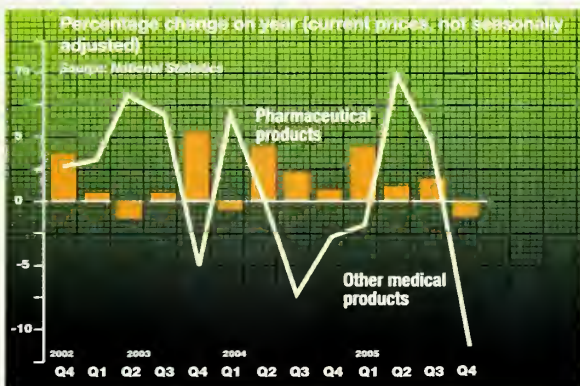
March was a gloomy month in the high street, but the cold weather helped chemists' sales to recover from the previous 14 monthly falls. Retail sales overall were down on a year earlier for the third month in a row, and consumers remain in cautious mood



Consumer confidence fell in March as people became more pessimistic about prospects for the economy and finances, says Martin Hamblin GfK. A separate poll by Nationwide found consumers worried about employment. The downbeat mood is reflected in the latest **retail surveys**. High street expectations were dashed in March as sales stayed down, the CBI reports. The underlying **sales trend worsened** and demand was poor. But **chemists benefited** from the cold weather, with the first year-on-year sales growth since December 2004. A balance of 13 per cent of pharmacies achieved higher volumes, compared with 17 per cent and 26 per cent reporting a fall in annual sales figures the two previous months. The British Retail Consortium says **cough and cold treatments**, and vitamins, generally sold well. Toiletries and cosmetics also enjoyed a good month, but specialists faced **strong competition** from supermarkets.

Consumer spending

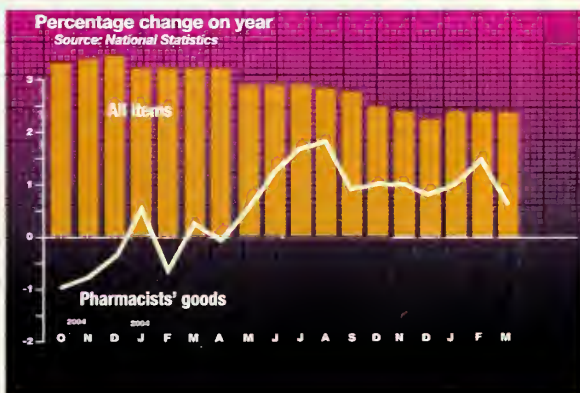
Consumer purchases of pharmaceutical products rose by 1 per cent last year, and spending on other medical products increased similarly. Total consumer spending last year was nearly 4 per cent higher in value than in 2004



Consumer spending on **pharmaceutical products** in the fourth quarter of 2005 was 1.1 per cent lower in value than a year earlier, and seasonally adjusted volumes were down 0.8 per cent. In 2005 as a whole the value of spending on pharmaceutical products was up 1.3 per cent on the year, while volumes rose by 1.0 per cent. The value of spending on **other medical products** rose by 11.9 per cent annually in the fourth quarter, and by 12.2 per cent by volume. Whole-year spending on other medical products was up 1.4 per cent and volumes rose by 1.0 per cent. **Total consumer spending** in the fourth quarter of 2005 was 3.7 per cent higher in value than a year earlier, and rose by 1.6 per cent. Over the whole year the value and volume of spending rose by 3.7 per cent and 1.8 per cent respectively. UK **output of pharmaceutical products** in 2005 was 6.9 per cent higher, but perfume and toiletry output fell by 9.2 per cent.

Retail prices

The rise in the price of chemists' goods slowed in the year to March, to its lowest level since last December. The retail price index held steady, but the consumer price index fell to 1.8 per cent from February's 2 per cent rise



The official retail price index for **chemists' goods** eased by 0.1 per cent in March, but rose by 0.7 per cent annually, after a 1.5 per cent rise in February. **Headline retail price** inflation was 2.4 per cent. The British Retail Consortium says **shop prices** fell by 0.4 per cent in March and were 1.2 per cent lower than in the same month last year. Manufacturers' prices rose overall by 2.5 per cent in the year to March, but their material and fuel costs soared by 13.1 per cent, due to higher fuel prices. UK manufacturers' prices of **pharmaceutical preparations** rose by 1.4 per cent annually in March and **perfumes and toiletries** rose by just 0.2 per cent. Beauty and skincare products rose 2.8 per cent, and shampoos and hair lacquer prices by 7.3 per cent. Shaving preparations, deodorants and bath preparations eased by 2.1 per cent. Prices of **imported** pharmaceutical and medicinal products rose by 0.8 per cent in the year to March.

Earnings and unemployment

Unemployment benefit claims jumped to 937,600 in March – the highest since July 2003 – as the labour market continued to soften. Average earnings, including bonuses, rose by 5.3 per cent up to February and in the latest three months rose 4.2 per cent annually



Claims for **unemployment benefit** have risen for 13 out of the last 14 months and in March they were up 106,200 on a year earlier. Claims grew by an average of 9,900 per month in the first quarter of 2006. Job vacancies fell by 3,300 during the quarter, to 593,200. The Recruitment & Employment Confederation says permanent **staff placements** were little changed in February, at a 31-month low. Annual **average earnings growth** in the three months to February edged 0.6 percentage points higher than the previous month's figure. But the increase was largely due to City bonuses, without which the annual increase was unchanged at 3.8 per cent. **Pay increases** in the first three months of 2006 "bunched around 3 per cent", according to consultancy IDS. The latest CBI **economic forecast** is for average earnings to grow by 4.4 per cent this year and next, and unemployment to remain at around 4.9 per cent in both years.

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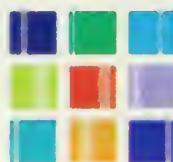
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Back ISSUES



Paul Booth has retired after 33 years as a buyer with wholesaler Sants, a division of United Co-op Health Care. He is pictured receiving a presentation from Lindsey Fairbrother, group commercial manager (ethical), supported by many of his colleagues. He says he now plans to renovate his house, develop his interests in crown green bowling and swimming and take some holidays

All cheer **the NHS**

The NHS will be operating in a different theatre from normal next month as *NHS The Musical* takes to the stage at Plymouth Theatre Royal.

Featuring such jaunty songs as *God Bless the NHS*, *The Morning Song of the Poor Hard-Pressed GP* and *The Great Hospital Sweepstake*, the show traces the history of the National Health Service from its birth in 1948 to the present day.

Written by Nick Stimson with composer Jimmy Jewell, *NHS The Musical* traces the journey from diagnosis to outcome for Arthur, a hard drinking, chain smoking, bad diet salesman who needs heart



by-pass surgery; Robert, a pessimistic pensioner in for a hip operation; and Jillian, a young and apparently healthy pregnant woman.

The story is told by four key stakeholders: the doctor, the drugs manufacturer, the administrator and the politician, who between them represent the forces that control and determine the destiny of the NHS.

Mr Stimson describes the NHS as a "great, sacred dream, a true mark of the civilisation of this country" and although the show is satirical, he says he would not wish to see it abandoned.

Is dark chocolate **good** for you?

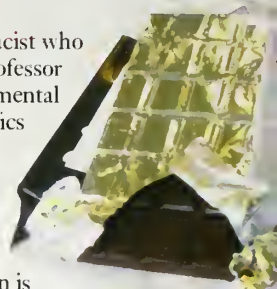
A pharmacist who is now professor of experimental therapeutics at the William Harvey Research Institute in London is investigating whether eating dark chocolate can help fight heart disease.

Although Professor Roger Corder has asked permission to test the theory on 40 cardiovascular patients, he warns that this is no excuse to overindulge – take heed those who stuffed their faces over Easter.

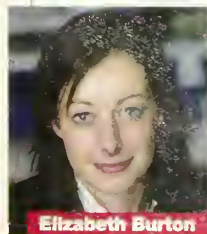
It seems that flavonoids found in some forms of chocolate can fight heart disease, blood pressure and strokes. But don't raise your hopes because experts say the benefits are outweighed by the high fat and sugar content.

Prof Corder expects it will take at least six to 12 months before it is clear which brands of dark chocolate are good for you, but it appears that only the best will do and it must contain at least 85 per cent cocoa.

Previously Prof Corder has studied the beneficial effects of drinking a red wine made from grapes grown at high altitude in Sardinia. Cheers!



Appoin ment



Elizabeth Burton

Elizabeth Burton has joined United Co-op Health Care as health centre development manager. Based in Nottingham, she will report to acquisitions and development manager Duncan Costin, who is a member of the executive of United Co-op Health Care.

AGI Therapeutics, the supplier of gastrointestinal drug products, has appointed **David Kelly** as director and chief financial officer. Mr Kelly, a chartered accountant, was most recently senior vice-president of Warner Chilcott, in Northern Ireland.

In full swing

Now that Easter has been and gone and the weather is showing some signs of improvement (at least for half an hour or two at a time), pharmacists are turning their attention to the important things in life – golf tournaments.

The regional qualifying rounds of the 2006 AAH Open Golf Championships will take place in May, June and July at Royal Port Rush (May 23), Gleneagles (June 15), Wentworth (June 27), Celtic Manor (July 12) and The Belfry (July 19). The final is scheduled for Penina, Portugal between September 14 and 17. Anyone interested in playing

should contact their AAH branch manager.

The Numark/Phoenix Classic Stableford competition alternates between the full handicap and 7/8ths, with this year being 7/8ths.

The regional qualifying rounds for the Southern territory will be held at Finchley Golf Club on May 10, followed by Wales/North West at Oswestry on June 7, North/Midlands at Moortown on July 5 and Scotland at Blairgowrie Golf Club on July 13.

The first three qualifiers from each region will play in the final at Royal Belfast on September 14 to 15.

Module 2
with C&D May 6

RETAIL SKILLS

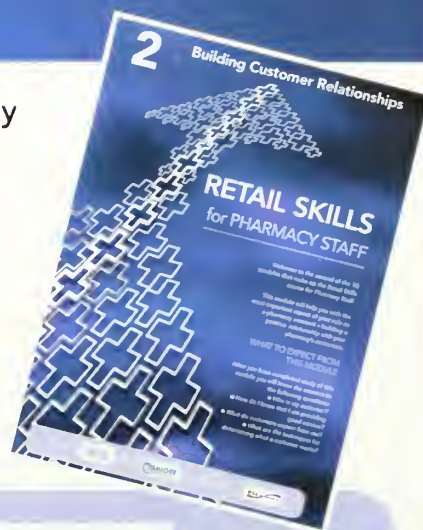
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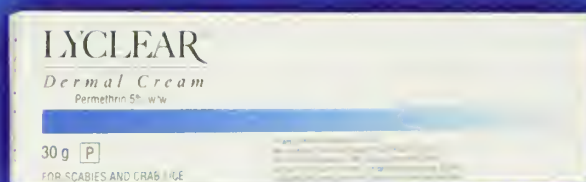
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WHEN YOUR PATIENTS ARE FEELING LOUSY

IT'S TIME TO RECOMMEND LYCLEAR

Lyclear is highly effective and is the most dispensed treatment for head lice, pubic lice or scabies.¹ Containing the active ingredient permethrin, Lyclear is available in two formulations. Lyclear Creme Rinse is the only 10-minute treatment available for head lice and is also suitable for asthmatics. Lyclear Dermal Cream is an easy-to-apply and virtually odourless cream for pubic (crab) lice and scabies.

So, if your patients are feeling lousy, recommend Lyclear!



TOUGH ON LICE AND SCABIES EASY ON PATIENTS

Product Information: Lyclear Dermal Cream. **Presentation:** A white topical vanishing cream containing the active ingredient, Permethrin 5% w/w. **Posology and administration:** Treatment of scabies: Suitable for use by adults and children over 2 months. Skin must be clean, dry and cool prior to application. Apply to the whole body area, excluding hair and face, and wash off with soap and water after 8-12 hours. One 30g tube is enough to treat one hairy adult. Recommended amounts for children: 2 months to 1 year - up to 1/8 of a tube; 1-5 years - up to 1/4 of a tube; 6-12 years - up to 1/2 of a tube. **Treatment of pubic 'crab' lice:** Suitable for use on adults over 18 years only. Sufficient cream should be applied to cover the pubic region, peri-anal, inner thighs down to the knees and any hair that grows up from the pubic area to the chest/stomach. One (30 g) tube is more than

sufficient to treat one hairy adult. It is recommended that up to 1/3 of a tube is used to treat the pubic region, peri-anal region, thighs stomach and chest. Not more than 2/3 of the tube should be needed for complete treatment. The cream should be left on the skin for 24 hours. The treatment areas should then be thoroughly washed. **Uses:** For the treatment of infections with scabies and pubic 'crab' lice. Not to be used for treating head lice. **Contraindications:** Individuals with known hypersensitivity to the product, its components and other pyrethroids or pyrethrins. Take care if using a corticosteroid medicine. **Precautions:** If accidentally introduced into the eyes, rinse immediately with plenty of water. For external use only. If symptoms persist, consult your doctor. Keep out of reach of children. **Legal category:** P. **Product licence number:** 02855/0014. **Product licence holder:**

Chefaro UK Ltd, 1 Tower Close, Huntingdon, Cambs, PE29 7DH. **Package quantity and RSP:** £9.62 for a 30g tube. **Product Information:** Lyclear Creme Rinse. **Presentation:** A light orange coloured topical cream containing the active ingredient Permethrin 1% w/w. **Posology and administration:** One 59ml bottle is usually sufficient to treat one person with shoulder length hair of average thickness. Also available in a twin pack containing 2 x 59ml bottles. Suitable for adults and children over 6 months of age, also suitable for asthmatics. Children under 6 months of age should be treated on the advice of a doctor. Shake thoroughly and apply to washed, towel dried hair. Leave on hair for 10 minutes before rinsing thoroughly with water. **Uses:** For the treatment of infections with the head louse *Pediculus humanus capitis*. **Contraindications:** Individuals with known hypersensitivity to the product,

its components and other pyrethroids or pyrethrins. **Precautions:** If accidentally introduced into the eyes, rinse immediately with plenty of water. For external use only. Shake thoroughly before using. If symptoms persist consult your doctor. Keep out of reach of children. **Legal category:** P. **Product licence number:** 02855/0013. **Product licence holder:** Chefaro UK Ltd, 1 Tower Close, Huntingdon, Cambs, PE29 7DH. **Package quantity and RSP:** 59ml is £3.99 and the twin pack (2x59ml) is £7.25. **Reference:** 1. IMS data, annual trend to June 2004.